



**FAMILY VIOLENCE AND EDUCATION:  
REVIEW OF THE EVIDENCE ON IMPACTS  
OF VIOLENCE AND RESPONDING TO  
VIOLENCE IN THE EDUCATION SECTOR**

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## ACRONYMS

AEDC – Australian Early Development Census
AIC – Australian Institute of Criminology
AIFS – the Australian Institute of Family
ANROWS – Australia’s National Research Organisation for Women’s Safety
BSEM – Berry Street Education Model
CA – Child abuse
CAARS – Common Approach to Assessment, Referral and Support
CALD – Culturally and linguistically diverse
CTBIS – Cognitive Behavioural Intervention for Trauma in Schools program
CBIM – Coaching Boys into Men
CRAF – Common risk assessment framework
DET – Department of Education and Training
DVRCV – Domestic Violence Resource Centre Victoria
EFVP – Eastern Family Violence Partnership
EYCs – Early Years Centres
EYEP – Early Years Education Project
EYLF – Early Years Learning Framework for Australia
FV – Family violence
HICs – High-income countries
IPV – Intimate partner violence
IQ – Intelligence quotient
LGBTI – Lesbian, gay, bisexual, transgender and intersex
LMICs – Low and middle income countries
LSAC – Longitudinal Study of Australian Children
MARACs – Multi-Agency Risk Assessment Conferences
MARAM – Multi-Agency Risk Assessment Management
MCH – The Maternal and Child Health Service
NAPCAN – The All Children Being Safe program
PTSD – Post-traumatic stress disorder
RRE – Respectful Relationships Education
SCRI – Safeguarding Children Research Initiative
SVRI – Sexual Violence Research Initiative

TGP – The Geelong Project

UK – the United Kingdom

USA – the United States of America

WHO – World Health Organization

## KEY TERMINOLOGY AND DEFINITIONS

**Adolescent:** While the term adolescent is used non-legally to refer to various age groups, the United Nations defines adolescents to refer to individuals from age 10 to 19.<sup>1</sup>

**Best practice:** Best practice refers to approaches to practice for which the evidence base is well-established, and that should inform all work undertaken in this area.

**Child:** In Victoria, under the *Children Youth and Families Act* (2005), a child or young person is a person under 18 years of age.

**Child abuse:** Any act by parents or caregivers which endangers a child or young person’s physical or emotional health or development. This includes physical, sexual and emotional abuse, and neglect.<sup>2</sup>

**Child maltreatment:** Child maltreatment is defined by this study as all forms of physical and/or emotional ill treatment of children, including sexual abuse, neglect or negligent treatment, and commercial or other exploitation of children, as well as exposure or witnessing violence between other family and community members.<sup>3</sup>

**Emerging practice:** Emerging practice refers to those approaches for which the evidence on the model’s effectiveness is promising, however further research and uptake is required to become established as best practice in this sector.

**Emotional and psychological abuse:** Emotional and psychological abuse includes a range of controlling behaviours such as control of finances, isolation from family and friends, continual humiliation, threats against children or threats of injury or death. Emotional abuse of children can also include ignoring or dismissing a child’s emotional needs, shaming or humiliating a child, or ignoring cries for help. This can be verbal or non-verbal in nature.<sup>4</sup>

**Externalising behaviours:** Externalising behaviours refers to the outward expression of harmful behaviours such as aggression or antisocial behaviour.

**Family violence:** Under Victorian law, family violence is defined as (a) a behaviour by a person towards a family member of that person if that behaviour: is physically or sexually abusive; is economically abusive; is threatening; or is coercive or in any other way controls or dominates the family member to feel fear for the safety or welling of that family member or another person; or (b) a behaviour by a person that causes a child to hear or witness, or otherwise be exposed to the effects or behaviour referred to in paragraph (a).<sup>5</sup> There are many different manifestations of family violence, including intimate partner violence, child abuse, violence between siblings, elder abuse, and violence against parents.

**Internalising behaviours:** Internalising behaviours refer to emotional and psychological impacts including anxiety, depression, trauma symptoms, and problems with temperament.

**Intimate partner violence:** Any behaviour by an intimate partner or former partner that causes physical, sexual or emotional or psychological harm.

**Neglect:** Neglect is a form of child maltreatment that can include not providing a child with adequate food, clothing, or shelter to survive as well as not providing a child with adequate health or education.

<sup>1</sup> Guedes, A., Bott, S., Garcia-Moreno, C. and Colombini, M. (2016). Bridging the gaps: a global review of intersections of violence against women and violence against children. *Global Health Action*. 9 (1): 1.

<sup>2</sup> Department of Health and Human Services website, Victoria State Government, accessible at <http://www.dhs.vic.gov.au/for-individuals/children,-families-and-young-people/child-protection/about-child-abuse/what-is-child-abuse>.

<sup>3</sup> World Health Organization (WHO). (2016). *INSPIRE: Seven strategies for ending violence against children*. Geneva: WHO.

<sup>4</sup> Al Odhayani, A., Watson, W.J. and Watson, L. (2013). Behavioural consequences of child abuse. *Can Fam Physician*. 59: 831.

<sup>5</sup> *Family Violence Protection Act* (2008), No. 52 of 2008, Parliament of Victoria.

**Physical abuse:** Physical abuse is direct harm to a person's body. It might be a single act or repeated acts including strongly shaking an infant, hitting a child, cutting a child's skin, or burning the skin with a hot implement.<sup>6</sup>

**Protective factor:** Protective factors are the reverse of risk factors (see below). Protective factors are the conditions, events, experiences or characteristics of an individual or their society that decrease the likelihood of experiencing violence.

**Resilience:** Resilience is broadly defined as the process of, capacity for, or outcome of successful adaptation despite challenging and threatening circumstances.<sup>7</sup>

**Risk factor:** Risk factors are those factors that increase the likelihood of someone becoming a victim and/or a perpetrator of violence, which can include global, societal or family conditions as well as experiences or characteristics of an individual.

**Child sexual abuse:** Contacts or interactions between a child and an older or more knowledgeable child or adult where the child is being used as an object of gratification for an older child's or adult's sexual needs. Some specific examples of sexual abuse include inducing or coercing a child to engage in any sexual activity, forcing a child to watch pornography, or grooming.<sup>8</sup>

<sup>6</sup> Al Odhayani, A., Watson, W.J. and Watson, L. (2013). Behavioural consequences of child abuse. *Can Fam Physician*. 59: 831.  
<sup>7</sup> Masten, A. S., Best, K. M. and Garmezy, N. (1990). Resilience and development: Contributions from the study of children who overcome

adversity. *Development and Psychopathology*. 2 (4): 425.  
<sup>8</sup> Al Odhayani, A., Watson, W.J. and Watson, L. (2013). Behavioural consequences of child abuse. *Can Fam Physician*. 59: 831.

## EXECUTIVE SUMMARY

Family violence is a key public health issue in Australia. Approximately one in four Australian women have experienced violence by an intimate partner since the age of 15.<sup>9</sup> Family violence can take a multitude of forms including but not limited to physical violence, sexual violence, emotional abuse and coercive control.<sup>10</sup> Children and young people are also often impacted by family violence, and in recent years there has been a shift in understanding and practice to recognise children and young people as victims in their own right. There is considerable evidence that children and youth are exposed to multiple forms of family violence, and that such violence has lasting impacts on their development. This report examines both children who experience direct victimisation of family violence as well as those who experience family violence through exposure such as witnessing or hearing intimate partner violence in the household.

DET commissioned this literature review to assess and contribute to the evidence base for addressing family violence within the education sector. The purpose of this literature review is to identify, investigate and synthesise evidence on the prevalence and impact on children and youth experiencing or exposed to family violence. This report also surveys family violence response and early intervention programming in the education sector, and examines the evidence relating to the efficacy of such programs.

This review included an analysis of over 200 reports including state, national and international research on the various impacts of family violence on children and youth, and on early identification, early intervention and response practices in education settings.

## > IMPACT OF FAMILY VIOLENCE ON DEVELOPMENTAL AND EDUCATIONAL OUTCOMES

Several studies have found all forms of experiencing family violence to be associated with negative developmental and educational outcomes, including far-reaching impacts beyond the members of the family, and potential impacts to learning and conduct in the classroom where children who have experienced violence are present. Experiences of family violence can interrupt and disrupt the regular developmental trajectories of children as well as lead to long-term changes in the structural organisation of the brain.

Children who are exposed to family violence, such as by witnessing intimate partner

violence between parents, experience many of the same negative impacts and health outcomes as those children who experience direct victimisation. Effects of cumulative harm are ambiguous, with some research suggesting that cumulative harm is related to increased negative impacts for children, while other studies find similar outcomes despite the frequency, severity or types of violence experienced. Research on effects of family violence for children of different genders is inconsistent, with some research suggesting girls are more likely to exhibit internalising behaviours while other research finds no significant gender differences for

<sup>9</sup> Australian Bureau of Statistics (ABS). *Personal Safety Survey Australia* 2016. Canberra.

<sup>10</sup> In Victoria, under the *Children Youth and Families Act (2005)*, a child or young person is a person under 18 years of age.



internalising and externalising behaviours, and cautions against making erroneous gender assumptions.

Children who experience family violence also achieve lower educational outcomes than their peers who have not experienced violence. Several studies have found strong

associations between child abuse and neglect and poor academic achievement. Experiencing family violence as a child can negatively impact their verbal, reading and math skills as well as school engagement, classroom conduct, grade repetition and educational attainment.

## > ADDRESSING FAMILY VIOLENCE: EARLY CHILDCARE SETTINGS

There is a notable lack of programs within early childcare settings that specifically target family violence through early identification, early intervention, or response. While there is an established evidence base on early childhood intervention for infants, children and families experiencing other forms of hardship or disadvantage, family violence programming in this setting is an emerging field. Further, as most early childcare services are privately owned, the sector is fragmented and competitive, creating barriers to a collaborative approach and to building family violence capacity across the early childcare sector.

While DET has comprehensive guidelines for mandatory reporting and child safety,

guidelines and protocols for response and referral mechanisms within early childcare settings are lacking. Staff and practitioner knowledge on identifying and responding to family violence is also variable depending on levels of training and experience. Integration between early childcare services and family violence specialist services is needed.

Over one-third of Australian children attend playgroup prior to school, with higher uptake among regional and remote areas compared with urban areas. Given their broad reach, playgroups represent an important opportunity for future programming on family violence, and would be well-suited for prevention and early intervention focused approaches.

## > ADDRESSING FAMILY VIOLENCE: SCHOOLS

Schools are a key setting for early identification and early intervention for children and youth impacted by family violence. When children perceive school as a safe and neutral place where they are not at risk and where they may find support to deal with their experiences, schools can be protective against the impacts of family violence and contribute to building students resilience.

The main role for schools in responding

to family violence at present is mandatory reporting. Expanding the role of all schools to have planned response systems, referral pathways and partnerships with appropriate, specialist family violence services would benefit students and educators.

There are very few evaluations of programs within school settings targeting children or adolescents who have experienced or been exposed to family violence that establish the effectiveness of such approaches. However,

the latest global evidence suggests that the most effective school-based model is a whole-of-school approach that integrates primary prevention, early intervention and response programming and engages the wider school community. It is also important that it takes a gendered approach that

acknowledges gender inequality as the primary driver of many forms of family violence. Programming should be culturally-appropriate and tailored to the target community so that it is inclusive and accessible.

## > RECOMMENDATIONS

Based on the findings of the literature review, this report identifies three priority areas for the education sector to better address and respond to family violence:

1. Prioritise and invest in research and evaluation
2. Improve system integration and partnerships
3. Provide sector-wide comprehensive training, development and capability building

# 1 INTRODUCTION

## 1.1 INTRODUCTION TO CHILDREN AND YOUNG PEOPLE'S EXPERIENCES OF VIOLENCE

Family violence is a growing concern for the Australian community, with approximately one in four Australian women experiencing violence by an intimate partner since the age of 15.<sup>11</sup> Family violence can take a multitude of forms including but not limited to physical violence, sexual violence, emotional abuse and coercive control. Family violence can occur between any members of a family or kinship network,

and overlaps with child abuse when a child or young person is directly targeted with violence.<sup>12</sup> Box 1 provides the working definitions of family violence used in this report. Most global research on family violence focuses on intimate partner violence and child abuse, and so where the evidence relates to a specific form of family violence that terminology has been used.

**Box 1.** Operational definitions of family violence and child abuse

**Family violence:** Under Victorian law, family violence is defined as (a) a behaviour by a person towards a family member of that person if that behaviour: is physically or sexually abusive; is economically abusive; is threatening; or is coercive or in any other way controls or dominates the family member to feel fear for the safety or welling of that family member or another person; or (b) a behaviour by a person that causes a child to hear or witness, or otherwise be exposed to the effects or behaviour referred to in paragraph (a).<sup>15</sup>

There are many different manifestations of family violence, including intimate partner violence, child abuse, violence between siblings, elder abuse, and violence against parents.

**Intimate partner violence:** Any behaviour by an intimate partner or former partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours.<sup>16</sup> This can include dating violence between adolescents.

**Child maltreatment:** Was defined by this study as all forms of physical and/or emotional ill treatment of children, including sexual abuse, neglect or negligent treatment, and commercial or other exploitation of children, as well as exposure or witnessing violence between other family and community members.

**Child abuse:** Any act by parents or caregivers which endangers a child or young person's physical or emotional health or development. This includes physical, sexual and emotional abuse as well as neglect.<sup>17</sup>

Among the literature there is variation in the terminology and conceptual models defining

the intersections of family violence, child maltreatment and child abuse. In this report,

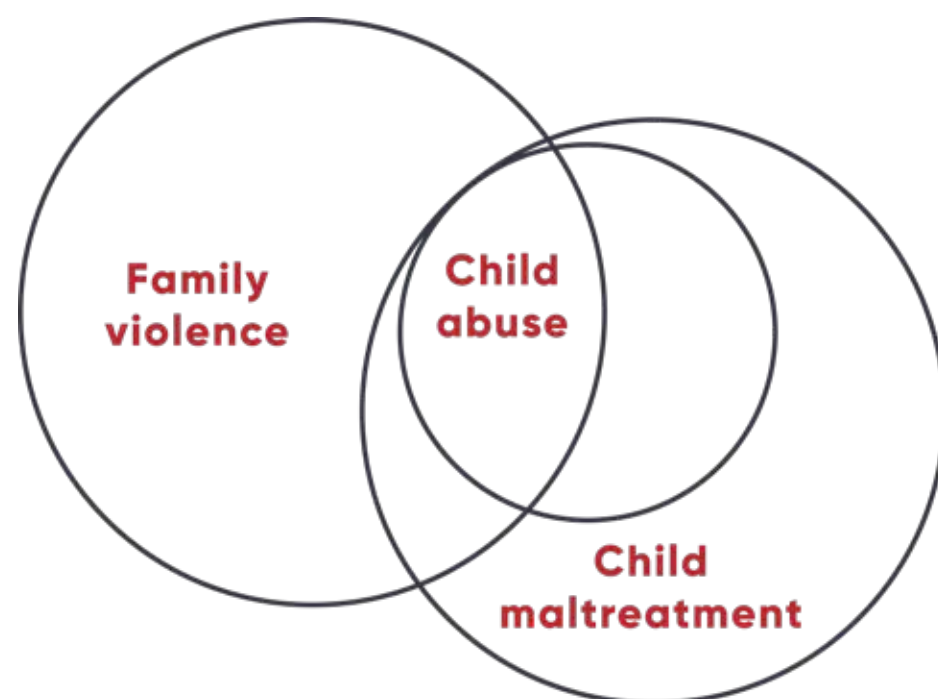
<sup>11</sup> Australian Bureau of Statistics (ABS) (2013).

<sup>12</sup> In Victoria, under the *Children Youth and Families Act* (2005), a child or young person is a person under eighteen years of age.

we define child abuse as a subsection of child maltreatment, where child maltreatment may include other forms of harmful child treatment including neglect or harsh parenting. Child abuse is used to refer to various specific forms of abuse including physical violence, sexual violence and

emotional or psychological abuse directed towards a child. Both child maltreatment and child abuse can occur within the family setting and without. This report is limited to reviewing only child maltreatment and child abuse occurring within in the family setting, as it intersects with family violence.

**Figure 1.** Intersections of family violence, child maltreatment and child abuse



For the purposes of this report, 'experience of family violence' includes direct victimisation of violence such as direct experiences of child abuse, as well as exposure to family violence within the home, such as witnessing intimate partner violence between parents or caregivers. This broader definition of experiencing family violence reflects the wide range of ways in which children and young people

may both be exposed to, and impacted by, violence within the home.<sup>13</sup> As detailed in Section 3, research has shown that children who are exposed to violence, such as by witnessing intimate partner violence, can show similar negative outcomes as those children who are directly victimised. As such, witnessing, hearing or any other form of exposure to violence are considered ways of experiencing family violence.

## KEY FINDINGS

Among the literature there is variation in the terminology and conceptual models defining the intersections of family violence, child maltreatment and child abuse.

<sup>13</sup> Higgins, D. (2004). Differentiating between child maltreatment experiences. *Family Matters*. 69: 50.

There is considerable evidence revealing that children and youth can be exposed to many different forms of family violence, and that such violence has lasting impacts on their development. There is also growing recognition of the widespread prevalence and long-term impacts of child abuse with the home as the primary setting for the majority of child abuse. To date there is substantial evidence documenting the wide ranging negative impacts of experiencing family violence on children and youth's health, education and long-term outcomes.<sup>14</sup> In order to comprehensively and holistically address and end family violence, a number

of complementary approaches are required. In Australia and internationally, work to address family violence and violence against women is predominantly framed by a public health approach. This approach acknowledges that family violence is preventable and should therefore be the focus of sustained government and community effort.<sup>15</sup> The public health conceptualisation of addressing family violence conceives of three main streams for addressing the issue (Figure 2): primary prevention, secondary prevention (or early intervention) and tertiary prevention (or response).

**Figure 2.** Primary, secondary and tertiary prevention to address family violence

Primary prevention approaches address the underlying causes of family violence and aim to prevent violence before it occurs.	Secondary prevention, or early intervention, focuses on those at risk of perpetration or victimisation and occurs after the initial violence has happened.	Tertiary prevention addresses the longer-term needs that follow on from the experience of violence, including, for example, rehabilitation and strategies to
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## 1.2 CURRENT APPROACHES TO FAMILY VIOLENCE IN VICTORIA AND THE EDUCATION SECTOR

The Victorian State Government has recognised the severe impact of family violence on Australian communities, including the negative impacts of children and youth affected by family violence. In March 2016, the Victorian Royal Commission into Family Violence (the Royal Commission) released a detailed report providing an overview of the current state of family violence in Australia and further provided recommendations for addressing this issue, based on comprehensive submissions from across the country.<sup>16</sup>

In August 2015, the Victorian State Government announced the state-wide roll-out of Respectful Relationships curriculum from 2016 onwards.<sup>17</sup> The Respectful Relationships Education curriculum takes a holistic primary prevention approach to stop violence against women before it occurs in the first place. The curriculum, delivered through a whole-of-school approach, tailors age appropriate learning activities for students from Prep to Year 12 and covers key social and emotional learning topics essential for the development of

<sup>14</sup> New South Wales Council of Social Services (NCOSS). (2016).

<sup>15</sup> Campo et al. (2014).

<sup>16</sup> The Hon. Marcia Neave, Faulkner, P., and Nicholson, T. (2016). *Royal*

*Commission into Family Violence: Report and Recommendations*. Vol II. Parl Paper No 132 (2014–2016).

<sup>17</sup> Ibid.



respectful relationships and the prevention of family violence.<sup>18</sup> Respectful Relationships Education will form a key pillar of the Victorian State Government's approach to primary prevention in the coming years. Some aspects of the Respectful Relationships Education pilot and proposed roll-out plan overlap significantly with

the findings of this report. The scope of this literature review specifically excludes primary prevention, but aims to review and report early identification, early intervention and response research in a manner that is complementary to the current roll-out of the Respectful Relationships Education program.

## 1.3 PURPOSE AND OBJECTIVES OF THE REPORT

In the context of the Royal Commission and the introduction of Respectful Relationships Education, the DET is currently reviewing research on interventions and response for children and youth impacted by family violence, and contributing to the evidence base for addressing family violence within the sector.

DET has commissioned this literature review to assess and contribute to the evidence base for addressing family violence within the education sector. The purpose of this literature review is to identify, investigate and synthesise evidence on children and youth experiencing or exposed to family violence. It aims to establish the state of knowledge on the impacts of family violence on children and youth, and on proven and promising practices for early intervention in family violence in education settings. The objectives of this literature review are to:

- I. Investigate and summarise a comprehensive overview of the impacts that experience of or exposure to family violence can have on children and youth's developmental and educational outcomes.

- II. Review and create an overview of evaluated early identification, early intervention, and response efforts to address family violence within the education sector.
- III. Highlight important successful and unsuccessful interventions in key education settings, as well as those interventions most relevant to cohorts of children and youth.
- IV. Provide an overview of best and emerging practice for addressing family violence within the education sector.
- V. Highlight key findings from the literature review, identify current gaps in the research base, and offer recommendations for improving the knowledge base and implementing appropriate initiatives within the sector.

The scope of the literature review includes early identification, early intervention and response to family violence by the education sector. Primary prevention falls outside the scope of the review, however where relevant, comments on integrating primary, secondary and tertiary approaches within the education sector have been included.

## 1.4 METHODOLOGY

This report was compiled following a comprehensive literature review and analysis of state, national and international research on the various impacts of family violence on children and youth, and on early identification, early intervention and response practices in education settings. The literature for this report was identified through multiple electronic and academic databases and grey literature, backwards referencing through key literature, as well as web searches using Google and Google Scholar, and reviews of clearinghouse databases including Sexual Violence Research Initiative (SVRI), Australia's National Research Organisation for Women's Safety (ANROWS), the Australian Institute of Family Studies (AIFS) and Australian Institute of Criminology (AIC). The literature review

focused on research from Australia and high-income countries with similar contexts such as New Zealand, Canada, the United Kingdom (UK) and the United States of America (USA). It included qualitative and quantitative studies, reviews and systematic reviews, and evaluations of violence interventions where available. This was an expansive and iterative process, drawing from a wide and diverse range of literature from various sectors including violence against women and family violence, law and policy, education, health and justice. Over 200 reports and journal articles were analysed for the purposes of this review. The final reference list includes only cited references, and reflects the diversity of literature sourced.

<sup>18</sup> Department of Premier and Cabinet, Victorian State Government (2016). *Ending Family Violence: Victoria's Plan for Change*. Melbourne: Victorian Government.

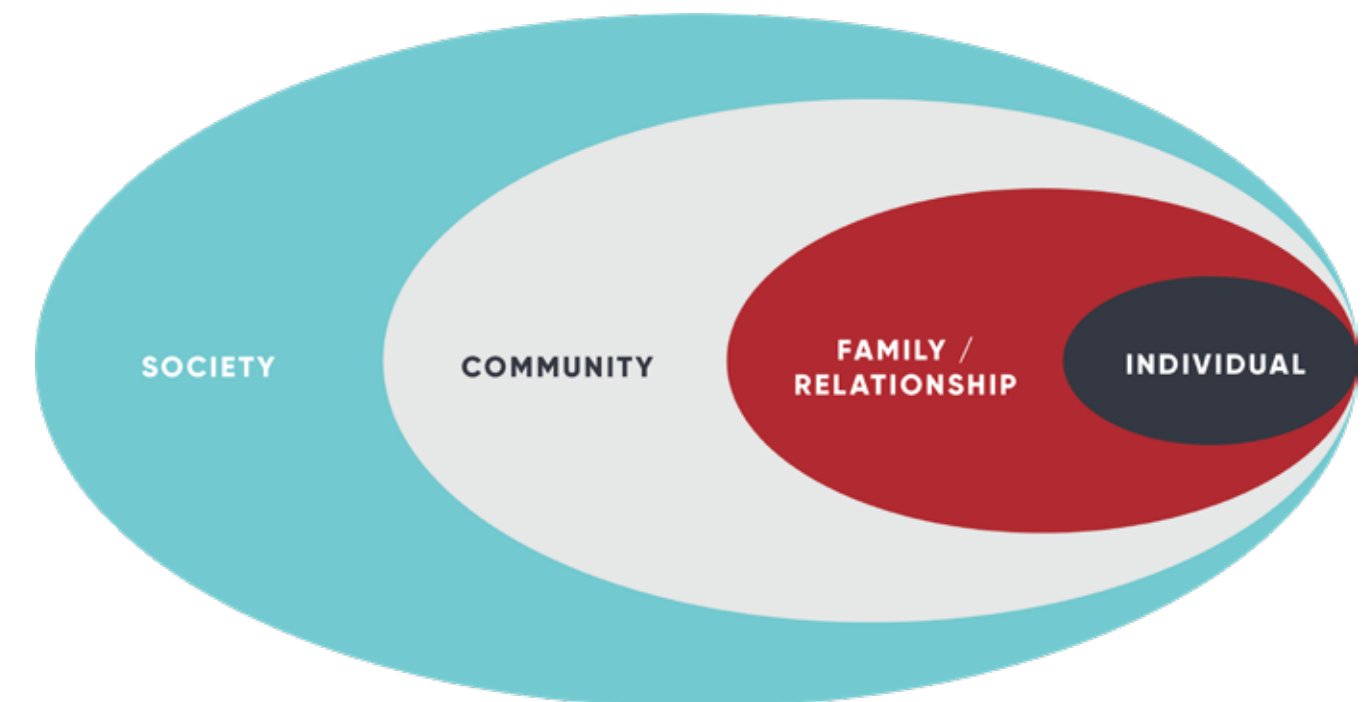
## 2 PREVALENCE AND PATTERNS OF FAMILY VIOLENCE AMONG CHILDREN AND YOUNG PEOPLE

### 2.1 CAUSES OF FAMILY VIOLENCE AGAINST CHILDREN AND CHILDREN'S EXPOSURE TO FAMILY VIOLENCE

There is no single cause for children and young peoples' experiences of family violence. Within the public health approach to family violence, the socio-ecological model is used to conceptualise how the core drivers of violence against women interact with various other factors to increase or decrease the likelihood of person experiencing family violence. A gendered understanding of family violence is central to this model. Gender inequality, traditional

gender roles and patriarchal social structures are understood to be at the core of violence against women.<sup>19</sup> Experiencing family violence occurs as a result of these core drivers interacting with a multitude of factors operating at the different levels of society. The socio-ecological model presents four levels at which these factors operate: individual, relationship, community and societal level (Figure 3).

**Figure 3.** Levels of the socio-ecological model for analysing family violence



Across these levels, risk and protective factors operate to explain when individual children or youth experience family violence. A risk factor is any attribute, characteristic or exposure of an individual that increases

the likelihood of them experiencing or perpetrating violence while a protective factor decreases this likelihood. Factors such as socio-economic disadvantage, parental mental ill-health and substance

<sup>19</sup> Heise, L. (1998). Violence Against Women: An Integrated, Ecological Framework. *Violence Against Women*. 4 (3): 262.

abuse, strong gender roles and stereotypes, and violence-supportive attitudes can increase the likelihood of family violence occurring.<sup>20</sup> Protective factors, on the other hand, are those variables that

buffer children from adversity. Protective factors for children and youth who have experienced family violence will be discussed in Section 3.4: Resilience.

## 2.2 PREVALENCE AND PATTERNS OF CHILDREN AND YOUNG PEOPLE'S EXPERIENCES OF FAMILY VIOLENCE

Research shows that children and young people can experience many different manifestations of family violence. For example, they may be the direct victims of child abuse by parents, caregivers or other relatives. Global research on child abuse is generally split into three categories: harsh parenting, children witnessing intimate partner violence, and child maltreatment and neglect, which includes physical and sexual abuse, emotional abuse, and physical and emotional neglect.<sup>21</sup> Children and young people may also experience violence by siblings, or abuse within early or adolescent dating relationships.<sup>22</sup> As outlined in the introduction to this report, children and young people may also be exposed to different forms of violence within the home. Other than directly witnessing abuse, children may also be exposed by overhearing arguments, observing the aftermath of violent incidents such as broken furniture, and seeing injuries resulting from violence.<sup>23</sup> Children and young people may also be inadvertently or indirectly injured, attempt to intervene, be forced to watch, spy or participate or be used as a hostage by the

perpetrator.<sup>24</sup> Exposure to a violent home life can also be considered a direct form of emotional abuse or neglect. As stated, for the purposes of this report these different manifestations have all been included as experiences of family violence in this review.

While there is significant data available on child abuse in family settings, there is less data on children and youth exposed to broader forms of family violence. Figure 4 illustrates some key prevalence data on children and young people's experiences of family violence. It is also important to note that data on children and youth experiencing and exposed to family violence are considered underestimates due to wide-spread under-reporting of violence, parents underestimations of their children's exposure to family violence, and limitations of comprehensive administrative data collection. In the *Children's Rights Report 2015*, the National Children's Commissioner found that national disaggregated data about child victims of family violence, including breakdowns by gender and age, is limited.<sup>25</sup> There are also serious safety and

<sup>20</sup> The Equality Institute (EQI) and the Department of Premier and Cabinet (DPC), Victorian State Government. (2017). *Family Violence Primary Prevention: Building a knowledge base and identifying gaps for all manifestations of family violence*. Melbourne: Victorian State Government.

<sup>21</sup> Fulu, E. and Heise, L. (2015). *What works to prevent violence against women and girls evidence reviews. Paper 1: state of the field of research on violence against women and girls*. South Africa: What Works; Gilbert, R., Spatz Widom, C., Browne, K., Fergusson, D., Webb, E. and Janson, S. (2009). Burden and consequences of child maltreatment in high-income countries, *Lancet*. 373: 68.

<sup>22</sup> Fulu and Heise. (2015).

<sup>23</sup> Cunningham, A. and Baker, L. (2004). *What about me! Seeking to*

*understand a child's view of violence in the family*. London: Centre for Children & Families in the Justice System; Olofsson, N., Lindqvist, K., Gadin, K. G., Bråbäck, L. and Danielsson, I. (2011). Physical and psychological symptoms and learning difficulties in children of women exposed and non-exposed to violence: A population-based study. *International Journal of Public Health*. 56(1): 89.

<sup>24</sup> Edleson, J. (1999). Children's witnessing of adult domestic violence. *Journal of Interpersonal Violence*, 14(8): 839; Humphreys, C. (2007). *Domestic violence and child protection: Challenging directions for practice*. Issues Paper 13. Sydney: Australian Domestic and Family Violence Clearinghouse.

<sup>25</sup> The Hon. Marcia Neave et al. (2016).

ethical challenges of conducting research with children and young people around sensitive topics such as family violence. This can include the potential to re-traumatise children, ensuring free consent on the

children's part, obtaining consent from parents, legal risks for use of information, and ensuring anonymity and confidentiality in research.<sup>26</sup>

Figure 4. Prevalence rates of children and young people's experiences of family violence



### KEY FINDINGS

There is a lack of systematic and consistent prevalence data for children and young peoples' experiences of family violence, especially disaggregated by sex and gender. There is a further lack of prevalence data and research on experiences of family violence among children from specific cohorts including Koorie children, children from culturally and linguistically diverse backgrounds, and children with disabilities.

<sup>26</sup> UNICEF (2014). *Hidden in Plain Sight: A statistical analysis of violence against children*. UNICEF.

<sup>27</sup> Australian Institute of Health and Welfare (2016). *Child protection Australia 2014-15*. Australian Institute of Health and Welfare; Crime Statistics Agency, *Family incidents, year ending 31 March 2016, State Government of Victoria*; Graham-Bermann, S. A. and Perkins, S. (2010). Effects of early exposure and lifetime exposure to intimate partner violence (IPV) on child adjustment. *Violence and Victims*. 25(4): 427;

Lynne, H., Jones, T., Monagle, M., Overton, N., Gahan, L., Blackman, J. and Mitchell, A. (2010). *Writing Themselves in 3: The Third National Study on the Sexual Health and Wellbeing of Same Sex Attracted and Gender Questioning Young People*. Monograph Series No 78. Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University; Victoria Police. *Family Incident Reports 2009-10 to 2013-14 with Rates*.

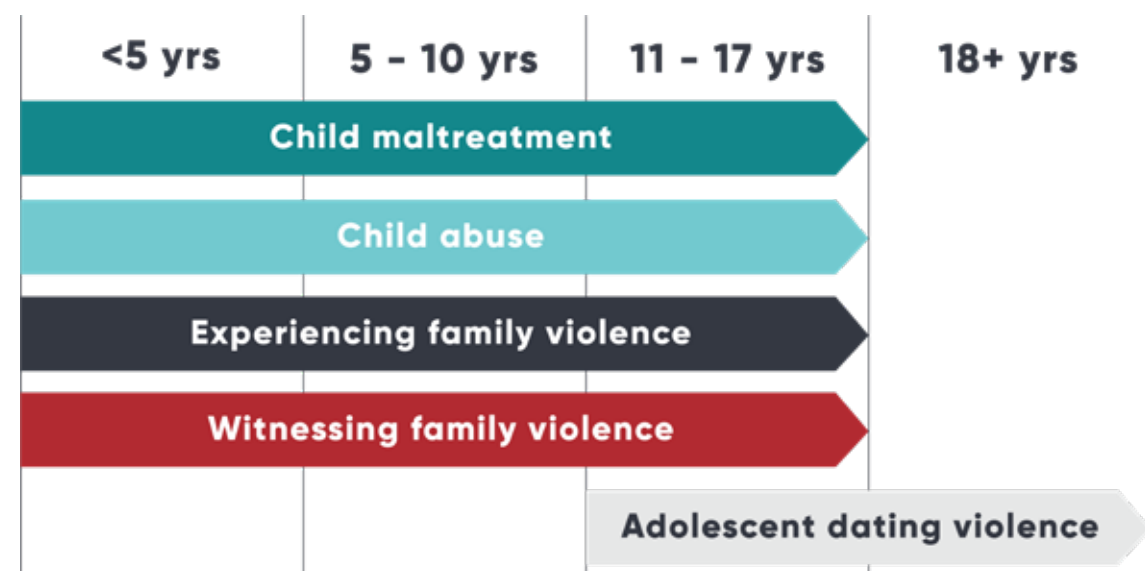


## 2.2.1 BREAKDOWN OF PATTERNS OF VIOLENCE BY AGE AND GENDER

Gender, age and other individual factors influence the type and patterns of abuse experienced by children and youth. Research from across high-, low- and middle-income settings indicates that girls and boys experience different forms of abuse. For instance, studies suggest that boys are more likely to experience harsh physical parenting and corporal punishment.<sup>28</sup> There is some debate around the prevalence and patterns of sexual abuse experienced by girls and boys, with inconsistent findings across the literature from different settings.<sup>29</sup> Age also significantly influences the type of abuse that children and youth experience. In the prenatal period, children are primarily impacted by violence against

their mothers.<sup>30</sup> Some studies indicate that infants and younger children are at a higher risk of child abuse due to their dependency on adult caregivers. Research shows that in industrialised countries, infants under the age of 1 are three times more likely to be killed by a parent compared with children aged 1 to 4, and twice as likely compared with children aged 5 to 14.<sup>31</sup> However, children may experience child maltreatment and abuse as well as family violence throughout their entire childhood and youth. In early adolescence (10 to 14 years) and in late adolescence (15 to 19 years), youth may also begin to experience adolescent dating violence in their personal lives, which is expounded upon in Section 5 of the report.<sup>32</sup>

Figure 5. Type of violence by age group affected



Source:<sup>33</sup>

## 2.2.2 BREAKDOWN OF PATTERNS OF VIOLENCE AMONG SPECIFIC COHORTS

Children and youth's experiences of family violence vary considerably across contexts,

and reflect the complex intersections of societal, community, individual and family-

<sup>28</sup> Gilbert et al. (2009); UNICEF. (2006).

<sup>29</sup> EQI and DPC. (2017).

<sup>30</sup> Know Violence in Childhood. (2017). *Ending Violence in Childhood. Global Report 2017*. Know Violence in Childhood. New Delhi, India.

<sup>31</sup> UNICEF. (2006).

<sup>32</sup> Know Violence in Childhood. (2017).

<sup>33</sup> World Health Organization (WHO). (2016). *INSPIRE: Seven strategies for ending violence against children*. Geneva: WHO.

level factors, as outlined in the introduction of this report. When considering the education sector's current and future role in addressing family violence, it is essential to understand intersectional experiences and develop programming in culturally appropriate and inclusive manners. Intersectionality is a conceptual framework that seeks to uncover the dynamics of different factors that make up an individual's or group's identity. Taking an intersectional approach to family

violence means identifying how and in what ways these intersections can lead to different or increased risk, severity and/or frequency of experiencing family violence.<sup>34</sup> These intersections can also affect or amplify barriers to reporting or accessing appropriate services. An intersectional analysis of family violence experienced by different communities in Australia is therefore fundamental to ensuring adequate and inclusive responses to violence across the education sector and more broadly.

### 2.2.2.1 ADOLESCENTS

While the term adolescent is used non-legally to refer to various age groups, the United Nations defines adolescents to refer to individuals from age 10 to 19.<sup>35</sup> In 2012, violence took the lives of around 54,000 adolescent girls between the ages of 10 to 19 years globally.<sup>36</sup> Further, children aged 15 to 17 years were the least likely to be the subjects of a substantiation of abuse and neglect in Australia (3.9 per 1,000 children aged 15 to 17).<sup>37</sup> Adolescence is a time of heightened vulnerability, during which both use and victimisation of some forms of violence often begin or become elevated. There is evidence from the broader Asia-Pacific region that adolescent girls are at greater risk of abuse during early intimate relationships, and of sexual assault and

harassment in public places, compared with older women.<sup>38</sup> Research from the region has also demonstrated that perpetration of non-partner sexual violence usually starts in adolescence.<sup>39</sup> As youth begin developing their own intimate relationships during adolescence, these are likely to be influenced by previous experiences of family violence and models of relationships they have been exposed to.<sup>40</sup> Adolescence is a critical time for the development of adulthood skills, coping mechanisms and attitudes towards intimate relationships. Programming with adolescents is crucial to address the heightened risks faced by this age group, including safety in public spaces and increased vulnerability to sexual violence.

### 2.2.2.2 LESBIAN, GAY, BISEXUAL, TRANSGENDER AND INTERSEX (LGBTI) YOUTH

Discrimination, shame and abuse can also place LGBTI youth at risk of violence and harmful or exploitative relationships. Members of the LGBTI population can experience homophobic or transphobic violence from their family members, as well

as from outside the family, as a response to their sexual and gender diversity. LGBTI children and youth who are victims of family violence are especially vulnerable to violence and may have greater difficulty accessing specialist services due to their dependence

<sup>34</sup> Department of Premier and Cabinet, Victorian State Government. (2016).

<sup>35</sup> Guedes et al. (2016).

<sup>36</sup> UNICEF. (2014). *Statistical snapshot of violence against adolescent girls*. Available online: [https://www.unicef.org/publications/files/A\\_Statistical\\_Snapshot\\_of\\_Violence\\_Against\\_Adolescent\\_Girls.pdf](https://www.unicef.org/publications/files/A_Statistical_Snapshot_of_Violence_Against_Adolescent_Girls.pdf).

<sup>37</sup> Australian Institute of Health and Welfare. (2016).

<sup>38</sup> Solotaroff, J. and Pande, R. (2014). *Violence against women and*

*girls: Lessons from South Asia*. South Asia Development Forum. Washington DC: World Bank Group.

<sup>39</sup> Fulu, E., Warner, X., Miedema, S., Jewkes, R., Roselli, T. and Lang, J. (2013). *Why do some men use violence against women and how can we prevent it? Quantitative findings from the United Nations Multi-country Study on Men and Violence in Asia and the Pacific*. Bangkok: UNDP, UNFPA, UN Women and UNV.

<sup>40</sup> New South Wales Council of Social Services (NCOSS). (2016).



on their family. In a national study with same sex attracted and gender questioning people, the majority of respondents between ages 14 and 21 years reported experiencing verbal (61%) and physical abuse (18%).<sup>41</sup> Same-sex attracted and gender

2.2.2.3 CHILDREN WITH DISABILITIES

Research indicates that children with disabilities are at higher risk of experiencing abuse, neglect and other forms of maltreatment, perpetrated by a parent or carer.<sup>43</sup> Sullivan and Knutson’s USA-based study found the prevalence of maltreatment of children with disabilities to be 3.4 times greater than that for children without disabilities (31% as compared to 9%).<sup>44</sup> Research from the United States

2.2.2.4 KOORIE CHILDREN

As with other forms of family violence, the prevalence of child abuse among Koorie communities is considerably higher than in other population groups (or similar). Nationally, Aboriginal and Torres Strait Islander children were almost seven times more likely to be the subject of substantiated reports by Child Protection than non-Indigenous children (with rates of 43.6 per 1,000 children compared with 6.4 per 1,000 respectively).<sup>47</sup> The National Aboriginal and Torres Strait Islander Social Survey in 2014-15 found that 13% of Indigenous people over the age of 15 had experienced physical violence in the previous year and that 96% of the

diverse youth can also have increased difficulty gaining access to support services due to discrimination or lack of sensitivity, particularly in rural, remote or regional settings.<sup>42</sup>

suggests that children with physical, sensory intellection or mental health disabilities experience almost twice the number of violent incidents compared to their non-disabled peers.<sup>45</sup> There is also some evidence that disability interacts with gender in complex ways, and that girls and boys with disabilities experience different patterns of abuse.<sup>46</sup>

women who had experienced violence in the previous year knew the perpetrator.<sup>48</sup> For Koorie children and youth, family violence occurs in the context of trauma from colonisation, intergenerational grief, dispossession and loss of traditional culture and language. The intersection between these structural factors, family violence and child abuse is highly complex and poorly researched.<sup>49</sup> Several issues compound the complexity of family violence in this cohort including, but not limited to the breakdown of kinship systems and traditional law, experiences of racism and discrimination, and economic exclusion.<sup>50</sup>

<sup>41</sup> Hillier, L., Jones, T., Monagle, M., Overton, N., Gahan, L., Blackman, J. and Mitchell, A. (2010). *Writing Themselves In 3. The third national study on the sexual health and wellbeing of same sex attracted and gender questioning young people*. Australian Research Centre in Sex, Health and Society, La Trobe University.

<sup>42</sup> EQI and DPC. (2017).

<sup>43</sup> UNICEF. (2006); Frohmader, C., Dowse, L. and Didi, A. (2015). Preventing violence against women and girls with disabilities: Integrating a human rights perspective. Tasmania: Women With Disabilities Australia.

<sup>44</sup> Sullivan, P. and Knuton, J. (2000). Maltreatment and disabilities: A population-based epidemiological study. *Child Abuse & Neglect*. 24 (10): 1257.

<sup>45</sup> American Academy of Pediatrics. (2001). Assessment of Maltreatment of Children with Disabilities. *Pediatrics*. 108(2): 508.

<sup>46</sup> Sullivan et al. (2000); Briggs, F. (2006). Safety issues in the lives of children with learning disabilities. *Social Policy Journal of New Zealand*. 29: 43.

<sup>47</sup> Australian Institute of Health and Welfare. (2017a). *Child protection Australia 2015-16*. Canberra: AIHW. Available online: <http://www.aihw.gov.au/publication-detail/?id=60129558626&tab=3>.

<sup>48</sup> ABS. (2016). National Aboriginal and Torres Strait Islander Social Survey 2014-15. ABS.

<sup>49</sup> The Hon. Marcia Neave et al. (2016).

<sup>50</sup> Campo et al. (2014).

2.2.2.5 CHILDREN FROM MIGRANT AND OTHER CULTURALLY AND LINGUISTICALLY DIVERSE BACKGROUNDS

Children from migrant and other culturally and linguistically diverse (CALD) backgrounds are likely to face some different challenges from non-migrant and non-CALD children regarding family violence, particularly concerning accessing services. Different cultural backgrounds may influence gender norms and attitudes and will also shape parenting practices across families and community groups. Migrant and CALD

children may have witnessed violence in their country of origin, may have lost their family networks, may have challenges learning a new language, or may have trouble adjusting to a new culture or community. Women and children may be reluctant to disclose experiences of family violence due to isolation from family support, fear of deportation, language barriers, or lack of culturally specific services.<sup>51</sup>

2.2.2.6 RURAL, REGIONAL AND REMOTE COMMUNITIES

Children from remote and very remote areas were most likely to be the subject of a substantiation claim of abuse and neglect (16.2 per 1000 and 23.5 per 1,000 respectively) compared with children in major cities (6.2 per 1,000).<sup>52</sup> Research from South Australia suggests that prevalence of family violence increases with remoteness, with the highest rates of child abuse in the most remote areas.<sup>53</sup> Research suggests that traditional gender norms and constructions of masculinity in rural areas may contribute to the higher rates of family violence in

these areas.<sup>54</sup> Those who live outside metropolitan Victoria are disadvantaged by the limited range of resources, services and programs available. The literature indicated that there are fewer shelters and supported accommodation, legal services, youth services and other specialist services in rural, regional and remote areas of Victoria. Even when services exist, lack of public transportation options may make accessing the services difficult, especially for children and young people.<sup>55</sup>

2.2.3 CO-OCCURRENCE OF VIOLENCE

There is a focus in the literature on the interconnectedness of family violence and other forms of child maltreatment. That is, children who have experienced family violence have often experienced more than one type of maltreatment. While it is useful to distinguish between the different types of child maltreatment, it can create the misleading impression that there are always strong lines of demarcation between

different childhood adversities, or that they usually occur in isolation. There is a growing body of evidence suggesting sub-types of maltreatment do not occur independently and significant proportions of maltreated individuals are likely to be the victim of other forms of abuse or neglect.<sup>56</sup> Findings from the Australian Temperament Project, a longitudinal community study over 2006-2007, reported that 15% of their

<sup>51</sup> Spinney, A. (2014). *Everyone Deserves to Feel Safe: The Culturally and Linguistically Diverse Safe from the Start Project Final Report*. Swinburne University of Technology & The Salvation Army.

<sup>52</sup> Australian Institute of Health and Welfare. (2017a).

<sup>53</sup> National Rural Health Alliance Inc. (2015). Submission to the Examination of Children Affected by Family and Domestic Violence. National Rural Health Alliance Inc.

<sup>54</sup> Campo, M. and Tayton, S. (2015). *Domestic and family violence in regional, rural and remote communities: An overview of key issues*. Melbourne: Australian Institute of Family Services.

<sup>55</sup> National Rural Health Alliance Inc. (2015).

<sup>56</sup> Higgins, D. (2004). Differentiating between child maltreatment experiences. *Family Matters*. 69: 50.

participants had experienced a single type of child maltreatment, 23% had experienced one or more forms of maltreatment, and 8% had experienced two or more forms.<sup>57</sup> A national-level study from the USA found that children exposed to intimate partner violence are more likely to have experienced child maltreatment than those with no history of intimate partner violence exposure.<sup>58</sup> The study found that 34% of youth who had witnessed intimate partner violence were also maltreated in the past year, compared with 9% of non-witnesses.<sup>59</sup> Witnessing intimate partner violence

## 2.2.4 CUMULATIVE HARM

As children and youth are exposed to a variety of harmful experiences simultaneously, they experience cumulative harm, in which compounded experiences of multiple episodes of abuse work together to negatively impact them. Cumulative harm also occurs through extended exposure to family violence or maltreatment.<sup>62</sup> While

was found to be very closely associated with several forms of maltreatment and experiencing other forms of family violence, with children who had witnessed intimate partner violence being four to nine times more likely to have also experienced maltreatment or abuse, compared with children who had not witnessed intimate partner violence.<sup>60</sup> When children or youth experience multiple forms of maltreatment, it can be difficult to distinguish between the specific impacts of different sub-types of maltreatment.<sup>61</sup>

some literature suggests there are strong associations between cumulative harm and more severe developmental outcomes, other research argues that the relationship remains unclear or insignificant. This will be discussed in greater detail in Section 3.1.4: Cumulative harm and outcomes.

<sup>57</sup> Price-Robertson, R., Higgins, D. and Vassallo, S. (2013). Multi-type maltreatment and polyvictimisation: A comparison of two research frameworks. *Family Matters*. 93.

<sup>58</sup> Hamby, S., Finkelhor, D., Turner, H. and Ormrod, R. (2010). The overlap of witnessing partner violence with child maltreatment and other victimizations in a nationally representative survey of youth. *Child Abuse & Neglect*. 34(10): 734.

<sup>59</sup> Ibid.

<sup>60</sup> Ibid.

<sup>61</sup> Higgins. (2004).

<sup>62</sup> Australia's National Research Organisation for Women's Safety (ANROWS). (2015). *Examination of children affected by family and domestic violence*. Submission from the Australian Institute of Family Studies (AIFS) and ANROWS.

## KEY FINDINGS

Several studies have found all forms of experiencing family violence to be associated with negative educational outcomes.

The past three decades have witnessed unprecedented interest in the varied and significant impacts that experiences of and exposure to family violence can have on children and youth. Experiencing family violence has consistently been found to impact regular development of children and youth and negatively impact behavioural and mental, educational and long-term outcomes.<sup>63</sup> While poorer educational outcomes have been found consistently for children or youth affected by family violence, it is important to recognise that the pathways through which these lower outcomes occur are varied and complex.

That is, apart from directly leading to lower education outcomes for children and youth, family violence can lead to a number of behavioural, mental and relational problems that mediate educational attainment. Further, while studies document associations between experiencing family violence and lower behavioural and educational outcomes, it is important to take the broader story into account when considering these outcomes. Apart from experiences of family violence, there are several other factors that likely affect and contribute to a child's poorer behavioural and educational outcomes.

## KEY FINDINGS

When children or youth experience multiple forms of maltreatment, it can be difficult to distinguish between the specific impacts of different sub-types of maltreatment. When considering developmental of educational outcomes for those experiencing family violence, the broader picture needs to be taken into account.

As experiences of family violence rarely occur in isolation of other forms of child maltreatment, it is difficult to determine the degree to which developmental and educational outcomes are attributable to one experience over another.<sup>64</sup> While family

violence can undoubtedly negatively impact children and youth, research also finds that there are considerable divergences in the outcomes for different children, and resilience in relation to family violence is not well understood.

<sup>63</sup> Australian Domestic and Family Violence Clearinghouse. (2011); Artz et al. (2014); Campo et al. (2014).

<sup>64</sup> Wolfe, D., Crooks, C., Lee, V., McIntyre-Smith, A. and Jaffe, P. (2003). The Effects of Children's Exposure to Domestic Violence: A Meta-Analysis and Critique. *Clinical Child and Family Psychology Review*. 6 (3): 171.

## 3 IMPACTS OF FAMILY VIOLENCE ON DEVELOPMENTAL AND EDUCATIONAL OUTCOMES

### 3.1 BEHAVIOURAL AND MENTAL HEALTH OUTCOMES

Research over the past three decades has determined that children exposed to family violence experience a range of poor behavioural and mental health outcomes. As regular child development is expected to occur in a secure and nurturing environment, experiences of family violence can interrupt and disrupt the regular

developmental trajectories of children. The developing brain is highly vulnerable to the impacts of traumatic experiences during childhood and youth, and research indicates that extreme trauma and cumulative harm can change the structural organisation of the brain and have long-term impacts.<sup>65</sup>

#### KEY FINDINGS

Experiences of family violence can interrupt and disrupt the regular developmental trajectories of children as well as lead to long-term changes in the structural organisation of the brain.

#### 3.1.1 INTERNALISING AND EXTERNALISING PROBLEMS

Much of the literature on the impact of family violence on children and youth focuses on 'internalising problems' and 'externalising problems.' Externalising refers to the outward expression of harmful behaviours such as aggression or antisocial behaviour while internalising refers to emotional and psychological impacts including anxiety, depression, trauma symptoms, and problems with temperament. There is considerable literature documenting that both experiencing family violence or exposure to family violence can contribute to depression, anxiety, trauma symptoms, aggression, lower social competence, low self-esteem, fear, loneliness and post-traumatic stress disorder (PTSD).<sup>66</sup>

There are several studies consistently finding that children of all ages who have experienced family violence exhibit more

externalising and internalising behaviours compared with children who have not experienced such violence. A study from the USA examined children aged 2 to 3 years found that children exposed to family violence were nearly four times more likely than non-exposed children to develop both internalising or externalising problems.<sup>67</sup> Another USA-based longitudinal study of children aged 18 months to 6 years examined the impacts of physical and sexual abuse, child neglect, and intimate partner violence under the general constructs of child maltreatment. The study found that child maltreatment independently predicted youth problems of externalising and internalising behaviours.<sup>68</sup> Using the same sample of children, Moylan et al. observed that children exposed to child abuse, family violence or both had higher

<sup>65</sup> Domestic Violence and its Impact on Child Development. (2002). Presentation delivered at the Department of Community Services' Fourth Domestic Violence Forum.

<sup>66</sup> Australian Domestic and Family Violence Clearinghouse. (2011).

<sup>67</sup> Martinez-Torteya, M., Bogat, G.A., von Eye, A., and Levendosky, A.A. (2009). Resilience among children exposed to domestic violence: the

role of risk and protective factors. *Child Development*, 80(2): 562.

<sup>68</sup> Herrenkohl, T. I. and Herrenkohl, R. C. (2007). Examining the overlap and prediction of multiple forms of child maltreatment, stressors, and socioeconomic status: A longitudinal analysis of youth outcomes. *Journal of Family Violence*. 22(7): 553.



levels of both externalising and internalising behaviour problems in adolescence than those exposed to neither form of violence.<sup>69</sup> Similarly, a USA-based longitudinal analysis of children ages 3, 6, 9, 12, 15, determined that there was a robust relationship between intimate partner violence within the household and externalising and internalising behaviours, especially for

3.1.2 RISKY BEHAVIOURS AND SELF-HARM

The effects of child maltreatment on adolescents’ and adults’ risky behaviours has been well documented throughout the literature. Risk behaviours include, but are not limited to, smoking, drinking alcohol, drug use, early and risky sexual activity, gang involvement, and peer violence.<sup>72</sup> Several studies have highlighted how maltreatment during childhood and youth can potentiate risk for the development of behaviours such as alcohol use and abuse<sup>73</sup>, drug use and abuse<sup>74</sup>, risky sexual behaviour<sup>75</sup> as well as aggressive and violent acts.<sup>76</sup>

The literature further concurs that child maltreatment is associated with increased likelihoods of self-harm behaviours, defined

severe intimate partner violence.<sup>70</sup> Further, Bourassa’s study of teens aged 16 to 18 in secondary education in Canada found that teens exposed to family violence who had not experienced direct victimisation also experienced a definite impact of internalised and externalised behaviours separately.<sup>71</sup>

as behaviours performed directly and intentionally to cause physical destruction to oneself, regardless of suicidal intent.<sup>77</sup> This could include a range of self-destructive behaviour such as self-mutilation, extreme risk-taking behaviour and suicide attempts.<sup>78</sup> Several studies have evinced maltreatment during childhood and adolescence as a key risk factor for adolescent deliberate self-harm behaviour.<sup>79</sup> Hu et al.’s 2017 study investigated the longitudinal effects of child maltreatment on adolescent risk of deliberate self-harm for 351,372 children in Western Australia. The study reported a 2% probability of self-harm related hospital admission in adolescent for children with no

other drug use symptoms, and sexual risk behavior in a treatment sample of adolescents. *American Journal of Public Health*. 102(2): 250.

<sup>75</sup> Wilson, H.W., Samuelson, S.L., Staudenmeyer, A.H. and Spatz Widom, C. (2015). Trajectories of psychopathology and risky behaviors associated with childhood abuse and neglect in low-income urban African American girls. *Child abuse & Neglect*. 45: 108; Melander, L. A. and Tyler, K. A. (2010). The effect of early maltreatment, victimization, and partner violence on HIV risk behavior among homeless young adults. *Journal of Adolescent Health*. 47: 575; Noll, J. G., Haralson, K. J., Butler, E. M. and Shenk, C. E. (2011). Childhood maltreatment, psychological dysregulation, and risky sexual behaviors in female adolescents. *Journal of Pediatric Psychology*. 36: 743.

<sup>76</sup> Fang, X. and Corso, P. S. (2007). Child maltreatment, youth violence, and intimate partner violence: Developmental relationships. *American Journal of Preventive Medicine*. 33(4): 281; Lee, V. and Hoaken, P. N. (2007). Cognition, emotion, and neurobiological development: Mediating the relation between maltreatment and aggression. *Child Maltreatment*. 12(3): 281.

<sup>77</sup> Hu, N., Taylor, C.T., Li, J. and Glauert, R.A. (2017). The impact of child maltreatment on the risk of deliberate self-harm among adolescents: A population-wide cohort study using linked administrative records. *Child Abuse & Neglect*. 67: 322.

<sup>78</sup> Al Odhayani, A., Watson, W.J. and Watson, L. (2013). Behavioural consequences of child abuse. *Can Fam Physician*. 59: 831.

<sup>79</sup> Australian Human Rights Commission. (2014). *Children’s Rights Report 2014*. Australian Human Rights Commission; Afifi, T.O., Boman,J., Fleisher,W. and Sareen, J. (2009). The relationship between child abuse, parental divorce, and lifetime mental disorders and suicidality in a nationally representative adult sample. *Child Abuse and Neglect*. 33(3): 139; Brezo, J., Paris, J., Vitaro, F., Hebert, M., Tremblay, R.E. and Turecki, G. (2008). Predicting suicide attempts in young adults with histories of childhood abuse. *British Journal of Psychiatry*. 193(2): 134.

maltreatment allegations, a 7% probability for children with unsubstantiated allegations,

and an 11% probability for children with substantiated allegations.<sup>80</sup>

3.1.3 TRAUMA AND POST-TRAUMATIC STRESS DISORDER

There is substantial literature documenting family violence leading to outcomes of trauma for children and youth across all age groups. In a meta-analysis of intimate partner violence exposure studies, Evans et al. determined a significant association between intimate partner violence exposure and trauma symptoms.<sup>81</sup> In their USA-based study examining infants with an average age of 1.1 years, Bogat et al. noted that nearly half of the participants exhibited at least one trauma symptom following exposure to family violence. Further, infants experiencing severe intimate partner violence and whose mothers exhibit trauma symptoms was predictive of infants exhibiting trauma symptoms.<sup>82</sup> Similarly, Levendovsky et al.’s research in the USA found that approximately 50% of children exposed to intimate partner violence between the ages of 1 and 7 years old experience trauma symptoms, with increased frequency

of exposure associated with more PTSD symptoms.<sup>83</sup>

Several studies examining particular age cohorts support the association between experiencing family violence and trauma. Crusto et al. found for children in the USA aged three 3 to 6 years, post-traumatic stress was positively and significantly related to children experiencing family violence and other family-related trauma exposure.<sup>84</sup> Spilsbury et al.’s USA-based study of 5 to 17 year olds also observed clinically significant levels of several trauma symptoms related to intimate partner violence exposure, mediated through perceived threat and control of the child.<sup>85</sup> Olaya et al. assessed 520 children aged between 8 and 17 years in Spain and found that living with intimate partner violence increased the risk of children developing dysthymic disorder and PTSD.<sup>86</sup>

3.1.4 WITNESSING INTIMATE PARTNER VIOLENCE

Not all forms of experiencing family violence have been researched equally, though there has been a significant focus on the negative impacts of witnessing intimate partner violence. Kitzmann et al.’s notable meta-analysis examined 118 studies of the psychosocial outcomes of children exposed to inter-parental violence, as measured by witnessing intimate partner violence. The

study found that 63% of child witnesses fared more poorly than the average child who had not been exposed to inter-parental violence.<sup>87</sup> Further, Kitzmann et al. found that witnesses’ outcomes did not significantly differ from those of children who experienced direct physical abuse.<sup>88</sup> Meltzer et al.’s UK-based study of children aged 5 to 16 found that while controlling

<sup>80</sup> Hu et al. (2017).

<sup>81</sup> Evans, S., Davies, C. and DiLillo, D. (2008). Exposure to domestic violence: A meta-analysis of child and adolescent outcomes. *Aggression and Violent Behavior*. 13(2): 131.

<sup>82</sup> Bogat, G. A., DeJonghe, E., Levendosky, A. A., Davidson, W. and Von Eye, A. (2006). Trauma symptoms among infants exposed to intimate partner violence. *Child Abuse & Neglect*. 30(2): 109.

<sup>83</sup> Levendosky, A., Bogat, G.A. and Martinez-Torteya, C. (2013). PTSD Symptoms in Young Children Exposed to Intimate Partner Violence. *Violence Against Women*. 19(2): 187.

<sup>84</sup> Crusto, C.A., Whitson, M.L., Walling, S.M., Feinn, R., Friedman, S., Reynolds, J., Amer, M. and Kaufman, J. (2010). Posttraumatic stress among young urban children exposed to family violence and other potentially traumatic events. *Journal of Traumatic Stress*. 23(6): 716.

<sup>85</sup> Spilsbury, J. C., Belliston, L., Drotar, D., Drinkard, A., Kretschmar, J., Creeden, R., Flannery, D. and Friedman, S. (2007). Clinically significant trauma symptoms and behavioral problems in a community-based sample of children exposed to domestic violence. *Journal of Family Violence*. 22(6): 487.

<sup>86</sup> Olaya, B., Ezpeleta, L., de la Osa, N., Granero, R and Domenech, J. (2010). Mental health needs of children exposed to intimate partner violence seeking help from mental health services. *Children and Youth Services Review*. 32(7): 1004.

<sup>87</sup> Kitzmann, K. M., Gaylord, N. K., Holt, A. R. and Kenny, E. D. (2003). Child witnesses to domestic violence: A meta-analytic review. *Journal of Consulting and Clinical Psychology*. 71(2): 339.

<sup>88</sup> Ibid.



for biographic, socio-demographic and socio-economic variables, witnessing family violence remained significantly and independently associated with having a conduct disorder.<sup>89</sup>

Carroll-Lind's representative study from New Zealand with children aged 9 to 13 years found that all types of witnessing physical violence (including outside of the family) had more impact on children than their own

direct experiences of violence, based on children's self-reported impacts. Similarly, witnessing emotional violence between adults had more impact on children than direct victimisation.<sup>90</sup> This study found that physical and emotional violence had more impact on younger children than older children, whereas the impact of sexual violence did not vary according to age.<sup>91</sup>

### KEY FINDINGS

Children who are exposed to family violence, such as by witnessing intimate partner violence between parents, experience many of the same negative impacts and health outcomes as those children who experience direct victimisation.

## 3.1.5 CUMULATIVE HARM AND OUTCOMES

Research suggests that children who experience multiple forms or several episodes of family violence can exhibit more severe outcomes than those only exposed to a single experience of violence. Moylan et al. reported that children who had both witnessed family violence and had been direct victims of child abuse (i.e. dual exposure) were more consistently at risk for the entire range of internalising and externalising behaviour problems investigated than those who experienced only one form of violence exposure.<sup>92</sup> Examining multiple forms of victimisation in a representative sample of 2,030 children, Turner et al.'s study reported children aged 2 to 17 in the USA determined that multiple forms of victimisation in a child's life created an increased risk for mental health difficulties while each domain of victimisation, including exposure to

intimate partner violence, was a significant predictor of mental health.<sup>93</sup> Similarly, Renner examined children aged 3 to 18 in the USA and found that children aged 3 to 5 years who experienced one type of family violence victimisation exhibited lower externalising behaviour scores than children who had experienced two or more types. A similar pattern was found for adolescents aged 13 to 18, though it did not hold for children aged 6 to 12.<sup>94</sup> Kernic et al.'s 2003 research of 2 to 17 year olds in the USA found significantly elevated rates of both internalising and externalising behaviour for children who experienced both exposure to violence and child maltreatment relative to their peers who experienced one form of adversity.<sup>95</sup> Further, results from Bourassa's study on Canadian teens revealed that co-occurrence of inter-parental violence and child abuse had a significantly greater

<sup>89</sup> Meltzer, H., Doos, L., Vostanis, P., Ford, T. and Goodman, R. (2009). The mental health of children who witness domestic violence. *Child & Family Social Work*. 14(4): 491.

<sup>90</sup> Carroll-Lind, J., Champan, J. and Raskauskas, J. (2011). Children's perceptions of violence: The nature, extent and impact of their experiences. *Social Policy Journal of New Zealand*. 37: 1.

<sup>91</sup> Ibid.

<sup>92</sup> Moylan et al. (2010).

<sup>93</sup> Turner, H. A., Finkelhor, D., and Ormrod, R. (2006). The effect

of lifetime victimization on the mental health of children and adolescents. *Social Science & Medicine*. 62(1): 13.

<sup>94</sup> Renner, L. M. (2012). Single types of family violence victimization and externalizing behaviors among children and adolescents. *Journal of Family Violence*. 27(3): 177.

<sup>95</sup> Kernic, M. A., Wolf, M. E., Holt, V. L., McKnight, B., Huebner, C. and Rivara, F. (2003). Behavioral problems among children whose mothers are abused by an intimate partner. *Child Abuse & Neglect*. 27: 1231.

negative impact on behaviour than did inter-parental violence only.<sup>96</sup>

Price-Robertson et al.'s study analysed the Australian Temperament Project, a longitudinal community study from 2006-2007, which examined 23 to 24 year olds' childhood experiences. The study again found that while young people who experienced one form of maltreatment prior to age 18 were at heightened risk of depression and anxiety, the odds of this occurring were lower than for people who had experience multi-type maltreatment.<sup>97</sup>

On the other hand, some literature suggests that negative behavioural outcomes do not differ significantly based on type of family violence experienced, or cumulative harm. Several studies have reported that children who experience one form of family violence exhibit similar or non-distinguishable behavioural outcomes as children who have experienced cumulative harm. Bayarri et al.'s research on Spanish children aged 4 to 17 specifically explored differences in psychopathology and functional impairment

depending on the degree of children's exposure to family violence. The study found that no matter whether children were exposed to intimate partner violence, suffered direct physical or verbal aggression, participated in the aggression against the mother, or only witnessed the aggression, they were at similar risks of having psychological problems.<sup>98</sup> Kitzmann et al.'s meta-analysis found that children exposed to interpersonal violence in addition to physical abuse did not demonstrate significantly poorer outcomes than those exposed only to the violence between their parents.<sup>99</sup> Similarly, Lamers-Winkelmann et al.'s study of children aged 6 to 12 years old in the Netherlands found no significant differences in negative behavioural outcomes between children who were only witnesses of family violence and children who were both witnesses and victims of other forms of child abuse (individual somatic complaints, on total number of health complaints, and total number of eating, sleep, or pain complaints ).<sup>100</sup>

### KEY FINDINGS

Effects of cumulative harm are ambiguous, with some research suggesting that cumulative harm is related to increased negative impacts for children, while other studies find similar outcomes despite the frequency, severity or types of violence experienced.

## 3.1.6 GENDER DIFFERENCES IN EMOTIONAL AND BEHAVIOURAL OUTCOMES

There is some evidence suggesting that children and youth experience different outcomes based on their gender, however this finding has been inconsistent. Camacho

et al.'s research of 10 to 18 year olds in the USA found that when controlling for age, exposure to any intimate partner violence was significantly associated with increased

<sup>96</sup> Bourassa (2007).

<sup>97</sup> Price-Robertson et al. (2013).

<sup>98</sup> Bayarri, E., Ezpeleta, L. and Granero, R. (2011). Exposure to intimate partner violence, psychopathology, and functional impairment in children and adolescents: Moderator effect of sex and age. *Journal of*

*Family Violence*. 26(7): 535.

<sup>99</sup> Kitzmann et al. (2003).

<sup>100</sup> Lamers-Winkelmann, F., Schipper, J. and Oosterman, M. (2012). Children's physical health complaints after exposure to intimate partner violence. *British Journal of Health Psychology*. 17(4): 771.

levels of overt victimisation in girls, but not in boys.<sup>101</sup> Results from Spilsbury et al.'s research adjusted for age, chronicity of violence, perceived threat to personal safety, and how the event was witnessed indicated that girls had over twice the odds of clinically significant levels of Anxiety<sup>102</sup>. Buckner et al.'s study of 8 to 17 year olds in the USA found that while controlling for other explanatory factors, exposure to family violence was more strongly with internalising behaviours for girls relative to boys. The study found no differences amongst gender sub-groups regarding exposure to family violence and externalising behaviours<sup>103</sup> Bourassa's research also reported that girls tended to have greater internalised symptoms than boys, while girls and boys exhibited similar externalised symptoms.<sup>104</sup> To date, the majority of research identifying different outcomes based on gender mainly identify girls being at risk for increased

internalising behaviours.

On the other hand, some research finds no significant gender differences for internalising and externalising behaviours, and cautions against making erroneous gender assumptions. Bayarri et al.'s research examining exposure to intimate partner violence reported that functional impairment associated with being exposed to intimate partner violence did not depend on sex or age.<sup>105</sup> Similarly, Olaya et al.'s study of 8 to 17 year olds in Spain reported that that sex did not impact the effect of witnessing intimate partner violence on any psychological outcomes.<sup>106</sup> As there is no current consensus on gender's effect on outcomes of experiencing violence for children, the literature generally suggests caution with regard to relating certain psychological problems with specific genders.

KEY FINDINGS

Research on effects of family violence for children of different genders is inconsistent, with some research suggesting girls are more likely to exhibit internalising behaviours while other research finds no significant gender differences for internalising and externalising behaviours, and cautions against making erroneous gender assumptions.

3.2 EDUCATIONAL OUTCOMES

In 2017, Fry et al. conducted the first systematic meta-analysis on the association between violence in childhood and educational outcomes. The study systematically reviewed 67 studies and meta-analysed 43 studies from 21

countries to estimate the relationship between different types of violence in childhood on educational outcomes including school dropout/graduation, school absence, academic achievement and other educational outcomes such as

<sup>101</sup> Camacho, K., Ehrensaft, M. K. and Cohen, P. (2012). Exposure to intimate partner violence, peer relations, and risk for internalizing behaviors: A prospective longitudinal study. *Journal of Interpersonal Violence*. 27(1): 125.

<sup>102</sup> Spilsbury et al. (2007).

<sup>103</sup> Buckner, J. C., Bearslee, W. R. and Bassuk, E. L. (2004). Exposure to

violence and low-income children's mental health: Direct, moderated, and mediated relations. *American Journal of Orthopsychiatry*. 74(4): 413.

<sup>104</sup> Bourassa. (2007).

<sup>105</sup> Bayarri et al. (2011).

<sup>106</sup> Olaya et al. (2010)

grade retention, learning outcomes and remedial classes. Specifically, the study reviewed the impacts of physical violence, sexual violence, emotional violence, neglect, witnessing family violence, bullying, adolescent relationship violence, and community violence. Findings from the study showed that all forms of violence in childhood have a significant impact on educational outcomes.<sup>107</sup> Strong associations have been found between child abuse and neglect with learning difficulties and poor academic achievement. Prospective studies have consistently found that children who have experienced maltreatment have lower

educational outcomes than other groups of children.<sup>108</sup>

Table 1 summarises the key findings from the review of literature on experiences of family violence and their impacts on different educational outcomes. Where specific forms of experiencing violence, such as witnessing family violence, have been measured independently, they are noted as such in the table. Where studies have used broader categories such as child maltreatment, child abuse or exposure to family violence, findings are accordingly indicated.

Table 1. Intersections of family violence, child maltreatment and child abuse

	Child maltreatment	Child abuse	Neglect	Physical abuse	Sexual abuse	Emotional and psychological abuse	Witnessing family violence	Exposure to family violence
Cognitive abilities and IQ	X	X	X	X	X	X	X	
Verbal skills							X	
Reading skills	X	X	X	X	X		X	
Math skills	X							
Standardised tests	X	X	X	X	X	X	X	X
Academic achievement	X	X	X	X	X	X	X	X
School engagement								X
Poor classroom conduct	X							
Repeating grades and remedial classes	X	X	X	X	X	X	X	
Absenteeism and expulsion	X	X	X	X	X			X
Dropping out and failure to graduate	X	X	X	X	X	X	X	X
Educational attainment	X	X		X	X			

3.2.1 COGNITIVE ABILITIES AND IQ

Geoffroy et al.'s prospective study in the UK found childhood neglect to be negatively associated with cognitive abilities (math, reading, and general intellectual ability) at ages 7, 11, and 16 years as well as cognitive abilities at age 50 (immediate/delayed memory, verbal fluency, and processing speed). Further, the study found

childhood physical abuse, sexual abuse, psychological abuse and witnessing abuse were associated with lower cognitive scores across childhood and adolescence, with the exception of psychological abuse impacting cognition at age 7. However, only childhood sexual abuse and witnessing abuse were associated with lower cognitive scores at

<sup>107</sup> Fry, D., Fang, X., Elliott, S., Casey, T., Zheng, X., Li, J., Florian, L. and McCluskey, G. (2017). The relationships between violence in childhood and educational outcomes: A global systematic review and meta-analysis. *Child Abuse & Neglect*.

<sup>108</sup> Lamont, A. (2010). *Effects of child abuse and neglect for children and adolescents*. Resource Sheet. National Child Protection Clearinghouse.

age 50.<sup>109</sup> There is also some evidence that children exposed to family violence have lower intelligence quotient (IQ) scores than non-exposed children, which may be moderated by mothers' attachment security. Busch and Lieberman's study in the USA of preschool children ages 3 to 5 who had witnessed family violence found that that secure maternal attachment was associated with overall higher IQ scores

### 3.2.2 VERBAL SKILLS

Substantial research has found that learning abilities, and particularly verbal skills, can be effected by experiencing family violence. Abuse and neglect in early childhood can affect the developmental capacities of infants in the areas of speech and language.<sup>111</sup> Kernic et al.'s 2002 study in the USA found intimate partner violence exposure to be associated with speech and language difficulties for children ages 5 to 16, with intimate partner violence-exposed children nearly eight times more likely to have been referred to a school-based speech pathologist than their non-exposed peers.<sup>112</sup> Huth-Bocks et al.'s USA-based study

### 3.2.3 READING SKILLS

Maclean et al.'s population-based study of children born in Western Australia who sat the national Year 3 reading achievement test found strong associations between experiencing childhood maltreatment and low reading achievement. The prevalence of low reading achievement in the child maltreatment group was 30.2% compared to 11.4% for their non-maltreated peers.<sup>115</sup> Sexual abuse and neglect were both independently found to be associated

for children. The study found that children displayed significantly stronger verbal and perceptual-organisation abilities when their mothers exhibited more secure attachment. Specifically, mothers' coherence of mind on the Adult Attachment Interview accounted for 18% of the variance in children's Verbal IQ and 12% of the variance in children's Performance IQ.<sup>110</sup>

of children ages 3 to 5 similarly reported that when controlling for child abuse and socio-economic status, children who only witnessed family violence in the last year had a mean verbal abilities score 7.35 percentile points lower than non-witnesses. The study further found no significant group differences for visual-spatial abilities, and suggested that family violence primarily impacts pre-schoolers' verbal abilities.<sup>113</sup> Ybarra et al.'s research from the USA also found that among children ages 2 to 5, those who witnessed family violence scored a mean of 12 points lower on verbal scores than non-witnesses.<sup>114</sup>

with approximately 50% increased odds of low reading achievement, while physical abuse was found to have a slightly lower association at 26% increased odds of low achievement.<sup>116</sup>

Similarly, Thompson and Whimper's longitudinal study in the USA found that 12-year-old children who had witnessed family violence were nearly one and a half times more likely than non-witnesses

direct and indirect effects of domestic violence on young children's intellectual functioning. *Journal of Family Violence*. 16(3): 269.

<sup>114</sup> Ybarra, G. J., Wilkens, S. L. and Lieberman, A. F. (2007). The influence of domestic violence on preschooler behavior and functioning. *Journal of Family Violence*. 22(1): 33.

<sup>115</sup> Maclean, M. J., Taylor, C. L. and O'Donnell, M. (2016). Pre-existing adversity, level of child protection involvement, and school attendance predict educational outcomes in a longitudinal study. *Child Abuse & Neglect*. 51: 120.

<sup>116</sup> Ibid.

to have low reading levels.<sup>117</sup> Rouse and Fantuzzo's population-based study examined second graders in the USA year and likewise observed the unique probability of child maltreatment's association with poor reading to be 0.61.<sup>118</sup> Examining maltreated children ages 6 to 10 in the USA, Coohey et al. found that children who experienced multiple forms of maltreatment performed the worst on reading tests and worse than children who experienced only physical

### 3.2.4 MATH SKILLS

There are currently relatively fewer studies observing negative math outcomes compared to other educational outcomes. Coohey et al.'s USA-based longitudinal study of children ages 6 to 10 found chronic maltreatment to be significantly and negatively associated with math scores. Chronically maltreated children achieved a mean score of 12.68 lower than non-

### 3.2.5 STANDARDISED TESTS

Research has demonstrated that children who have experienced abuse or neglect perform worse on standardised tests and achieve poorer marks at school, even when other background factors such as demographics, socio-economic status and parental education are taken into account.<sup>123</sup> Findings from Fry et al.'s meta-analysis show that all forms of violence in childhood negatively impact on standardised test scores. Children who have experienced sexual violence show the largest predicted probability of scoring lower on standardised tests (by 29 percentile points) compared to children who have not experienced violence. Physical violence was associated with a 25

violence.<sup>119</sup> Fantuzzo et al.'s study of second graders in the USA experiencing neglect specifically in early childhood found that children who experienced neglect prior to kindergarten were 31% more likely to exhibit poor outcomes on a standardised reading assessment, 42% more likely to evidence poor language outcomes, and 35% more likely to evidence poor science outcomes than their non-neglected peers.<sup>120</sup>

chronically maltreated children.<sup>121</sup> Similarly, findings from Rouse and Fantuzzo's study examining second graders in the USA found child maltreatment to be a unique risk factor for children not meeting mathematics proficiency standards, and that as the number of early risk experiences increased, the odds of not meeting math proficiency standards also increased.<sup>122</sup>

percentile point reduction in standardised test scores, and witnessing parental violence was associated with an 8 percentile point reduction.<sup>124</sup>

Lower performance on standardised tests has consistently been found for children of all ages experiencing family violence. Graham-Bermann et al. found that preschool children ages 4 to 6 in the USA exposed to family violence scored significantly lower on verbal ability standardised tests than the national sample of children, and that this relationship was mediated by maternal education level.<sup>125</sup> Kiesel et al.'s 2016 study in the USA examined children ages 7 to 13

<sup>109</sup> Geoffroy, M. C., Pereira, S. P., Li, L. and Power, C. (2016). Child neglect and maltreatment and childhood-to-adulthood cognition and mental health in a prospective birth cohort. *Journal of the American Academy of Child & Adolescent Psychiatry*. 55(1): 33.

<sup>110</sup> Busch, A. L. and Lieberman, A. F. (2010). Mothers' adult attachment interview ratings predict preschool children's IQ following domestic violence exposure. *Attachment & Human Development*. 12(6): 505.

<sup>111</sup> Lamont. (2010).

<sup>112</sup> Kernic et al. (2002).

<sup>113</sup> Huth-Bocks, A. C., Levendosky, A. A. and Semel, M. A. (2001). The

<sup>117</sup> Thompson, R. and Whimper, L. A. (2010). Exposure to family violence and reading level of early adolescents. *Journal of Aggression, Maltreatment & Trauma*. 19(7): 721.

<sup>118</sup> Rouse, H. and Fantuzzo, J. (2009). Multiple risks and educational well being: a population-based investigation of threats to early school success. *Early Childhood Research Quarterly*. 24(1): 1.

<sup>119</sup> Coohey, C., Renner, L. M., Hua, L., Zhang, Y. J. and Whitney, S. D. (2011). Academic achievement despite child maltreatment: A longitudinal study. *Child Abuse & Neglect*. 35(9): 688.

<sup>120</sup> Fantuzzo, J. W., Perlman, S. M. and Dobbins, E. K. (2011). Types and

timing of child maltreatment and early school success: A population-based investigation. *Children and Youth Services Review*. 33(8): 1404.

<sup>121</sup> Coohey et al. (2011).

<sup>122</sup> Rouse and Fantuzzo. (2009).

<sup>123</sup> Lamont. (2010).

<sup>124</sup> Fry et al. (2017).

<sup>125</sup> Graham-Bermann, S., Howell, K., Miller, L., Kwek, J. and Lilly, M. (2010). Traumatic Events and Maternal Education as Predictors of Verbal Ability for Preschool Children Exposed to Intimate Partner Violence (IPV). *Journal of Family Violence*. 25: 383.



and found that exposure to family violence, either alone or in combination with other maltreatment, performed significantly worse than the matched general population on standardised reading and math tests. The research findings indicated that while children exposed to intimate partner violence fared consistently worst across both reading and math outcomes, all children who experience child maltreatment and/or intimate partner violence exposure struggled to demonstrate proficiency on standardised tests compared to children who did not experience such adversity.<sup>126</sup> Interestingly, the research did not find an increased negative effect of the combined experience of child maltreatment and intimate partner violence exposure on academic performance.<sup>127</sup> Peek-Asa et al.'s rural USA population-based study of school-aged children (6 to 17) similarly found that

3.2.6 ACADEMIC ACHIEVEMENT

Fry et al.'s meta-analysis findings highlighted that all forms of violence in childhood impacted academic achievement fairly equally, with children who have experienced any form of violence being less likely to achieve high grades and test scores.<sup>131</sup> Findings indicated that children who experienced violence before the age of 18 have an overall 9% predicted probability of performing poorly in school compared to their peers who did not experience childhood violence. Sexual violence particularly had a significant impact on educational outcomes, and especially on standardised test scores with children who had experienced sexual violence scoring an

those exposed to severe physical family violence scored 12.2 percentile points lower than their non-exposed peers on standardised tests. The study reported that the largest score decrease associated with intimate partner violence exposure was 12.5 percentile points for language, while the smallest decrease was 10.4 percentile points for reading.<sup>128</sup> While children in both age groups (12 and younger and older than 12) had reduced standardised test score performance, the differences were only statistically significant for children ages 12 and younger.<sup>129</sup> The study further found that parent-reported intimate partner violence had a stronger negative effect on the test performance of girls than boys, with girls in violent homes achieving an adjusted core total that was 17.5 percentile points lower than girls in homes without violence.<sup>130</sup>

average of 25 percentile points lower than their non-abused peers.<sup>132</sup> Margolin et al.'s prospective, longitudinal study found that children ages 9 and 10 who were exposed to physical marital aggression in the past year were more likely to experience academic failure, as measured by failing grades, suspension, and/or expulsion. The study found that cumulative violence exposure showed anticipated dose-response with each year of exposure associated with an increased risk of 10% to 25% for academic failure.<sup>133</sup> Kernic et al.'s 2002 study from the USA also found that abused children from ages 5 to 16 have lower grade point averages than their non-abused peers.<sup>134</sup>

3.2.7 SCHOOL ENGAGEMENT

Schnurr and Lohman's USA-based research examined 2 to 4 year olds and increases in family violence exposure over time, and the associated outcomes in middle childhood (aged 8 to 10). The study found a correlation between early exposure to family violence and academic problems including low engagement with school during middle

childhood. Specifically, when young children had mothers who reported increases in family violence, the children had lower school engagement 5 to 6 years later, as measured by their feelings about school, feelings about their teachers, being bored at school or wishing they could stay home.<sup>135</sup>

3.2.8 POOR CLASSROOM CONDUCT

The literature review identified one study at present examining the impact of family violence on conduct in the classroom. Using integrated, administrative records for a population of over 10,000 third grade students in the USA, Rouse et al. found child

maltreatment to be the factor greatest impacting poor classroom conduct. The analysis reported child maltreatment to be associated with approximately 50% increased odds of poor classroom conduct.<sup>136</sup>

3.2.9 REPEATING GRADES AND REMEDIAL CLASSES

Fry et al.'s meta-analysis found that all forms of violence increased the likelihood of children repeating grades and taking remedial classes, with childhood experiences of physical violence having a slightly higher association. While all forms of violence were associated with these education outcomes for both boys and girls, emotional violence was found to have a larger association for girls, with girls who experienced emotional violence in childhood at a 2.5 times increased risk of experiencing these outcomes.<sup>137</sup>

Chapple and Vaske's research from the USA investigated the effects of different forms of neglect (educational, physical and emotional) on the long-term educational outcomes of children. Findings from

the study reported that children who experienced educational and/or physical neglect were more likely to report greater numbers of educational problems, and that overall neglected children had far worse educational outcomes than non-neglected children regardless of educational outcome measured.<sup>138</sup> Their analysis revealed that higher levels of educational neglect are significantly related to more behavioural problems in school, taking remedial classes, suspension and grade retention. Higher levels of physical neglect corresponded to a higher likelihood of being placed in remedial classes, and greater emotional neglect is related to a higher prevalence of suspension and grade retention.<sup>139</sup>

<sup>126</sup> Kiesel, L. R., Piescher, K. N. and Edleson, J. L. (2016). The relationship between child maltreatment, intimate partner violence exposure, and academic performance. *Journal of Public Child Welfare*. 10(4): 434.  
<sup>127</sup> Ibid.  
<sup>128</sup> Peek-Asa, C., Maxwell, L., Stromquist, A., Whitten, P., Limbos, M. A. and Merchant, J. (2007). Does parental physical violence reduce children's standardized test score performance? *Annals of Epidemiology*. 17(11): 847.

<sup>129</sup> Ibid.  
<sup>130</sup> Ibid.  
<sup>131</sup> Fry et al. (2017).  
<sup>132</sup> Ibid.  
<sup>133</sup> Margolin, G., Vickerman, K. A., Oliver, P. H. and Gordis, E. B. (2010). Violence exposure in multiple interpersonal domains: Cumulative and differential effects. *Journal of Adolescent Health*. 47(2): 198.  
<sup>134</sup> Kernic et al. (2002).

<sup>135</sup> Schnurr, M. P. and Lohman, B. J. (2013). Longitudinal impact of toddlers' exposure to domestic violence. *Journal of Aggression, Maltreatment & Trauma*. 22(9): 1015.  
<sup>136</sup> Rouse, H. L., Fantuzzo, J. W. and LeBoeuf, W. (2011). Comprehensive challenges for the well being of young children: a population-based study of publicly monitored risks in a large urban center. *Child & Youth*

*Care Forum*. 40(4): 281.  
<sup>137</sup> Fry et al. (2017).  
<sup>138</sup> Chapple, C. L. and Vaske, J. (2010). Child neglect, social context, and educational outcomes: Examining the moderating effects of school and neighborhood context. *Violence and Victims*. 25(4): 470.  
<sup>139</sup> Ibid.



### 3.2.10 ABSENTEEISM AND EXPULSION

Poor educational outcomes are mediated by several factors including absenteeism and expulsion. Fry et al.'s meta-analysis found that physical violence and sexual violence in childhood have the strongest associations with absenteeism for males, with physical violence increasing the likelihood of absenteeism by 2.5 times and sexual violence by 2.3 times. For females, the largest impact on absenteeism is experiencing sexual violence during childhood. Girls who had experienced sexual violence during childhood were found to be three times more likely to be absent from school than girls who did not experience such violence.<sup>140</sup>

Higher likelihoods of absenteeism, suspension and expulsion has consistently been found for children of all ages experiencing family violence. Kernic et al.'s 2002 study in the USA found that children aged 5 to 16 exposed to family violence were 1.6 times as likely to be absent from school and 1.8 time as likely to be suspended, than their non-exposed peers. Importantly, the likelihood that exposed children

would be absent from school rose to 2.2 times compared to non-exposed peers if those children had also experienced child abuse.<sup>141</sup> Kiesel et al.'s research from the USA similarly found significant differences in school attendance for children aged 7 to 13 who experienced child maltreatment and children exposed to intimate partner violence. Findings indicated that attendance of intimate partner violence-exposed children was lowest overall, though children who experienced child maltreatment, either alone or in combination with intimate partner violence exposure, also had lower attendance than their peers with no childhood adversity.<sup>142</sup> Fantuzzo et al.'s study on second graders in the USA experiencing neglect in early childhood found that children who experienced neglect between kindergarten and the end of second grade were 38% more likely to evidence poor learning behaviours, 57% more likely to have poor attendance, and 88% more likely to be suspended from school relative to their non-neglected peers.<sup>143</sup>

average for 10% of enrolled days, while Aboriginal children with substantiated childhood maltreatment were absent at higher levels, on average for 27%.<sup>144</sup>

Maclean et al.'s research on students in third grade in Western Australia found that non-Aboriginal children with substantiated childhood maltreatment were absent on

#### KEY FINDINGS

Higher likelihoods of absenteeism, suspension and expulsion have consistently been found for children of all ages experiencing family violence.

<sup>140</sup> Fry et al. (2017).

<sup>141</sup> Kernic et al. (2002).

<sup>142</sup> Kiesel et al. (2016).

<sup>143</sup> Fantuzzo et al. (2011).

<sup>144</sup> Maclean et al. (2016).

### 3.2.11 DROPPING OUT AND FAILURE TO GRADUATE

Fry et al.'s meta-analysis found a 15% predicted probability of dropping out of high school for children who experienced sexual abuse in childhood. For children who experienced physical or other forms of violence, the predicted probability is that an additional 8% will drop out over their counterparts who have not experienced violence. Emotional violence was also found to increase a child's risk of dropping out of school twofold, albeit a limited number of studies measuring this type of violence were analysed.<sup>145</sup> Looking at early childhood, Tajima et al.'s USA-based study examined children aged 18 months to 6 years and found that the relationship between exposure to family violence and dropping out of high school was moderated by peer communication, peer trust and support.<sup>146</sup>

Fry et al.'s meta-analysis found that children who experienced any form of violence in childhood have a 13% probability of not graduating from school compared to those who have not experienced violence, based on eight studies reporting 15 outcomes. In these findings, children who experienced physical violence have a negative predicted probability of 20% and those who have experienced sexual violence have a probability of 14% for not graduating. Emotional violence was also found to increase a child's risk out dropping out by twofold.<sup>147</sup> Boynton-Jarrett et al.'s nationally representative, prospective study in the USA followed youth from ages 12 and 14 for 10 years. Findings from structural equation modelling reported that cumulative exposure to violence were associated with and predicted failure to complete high school.<sup>148</sup>

#### KEY FINDINGS

Fry et al.'s meta-analysis found that children who experienced any form of violence in childhood have a 13% probability of not graduating from school compared to those who have not experienced violence.

Several studies across high-income countries have consistently observed the negative impact of family violence on youth's likelihood of graduating. Allwood and Spatz Widom's research from the USA of children who experienced abuse under the age of 11 years found that both childhood abuse and neglect predicted decreased likelihood of graduating from high school (45% less likely). That is, individuals with histories of childhood abuse and neglect were significantly less likely to graduate

from high school.<sup>149</sup> Barker et al.'s research examined youth ages 14 to 26 in Canada, and found that physical abuse, emotional abuse, physical neglect and emotional neglect were all positively and independently associated with an incomplete high school education. When all forms of childhood maltreatment were considered together in a multivariable model, emotional abuse was the only form of maltreatment that remained significantly associated with incomplete high school education (odd ratio = 2.08). Further,

<sup>145</sup> Fry et al. (2017).

<sup>146</sup> Tajima, E. A., Herrenkohl, T. I., Moylan, C. A. and Derr, A. S. (2011). Moderating the effects of childhood exposure to intimate partner violence: The roles of parenting characteristics and adolescent peer support. *Journal of Research on Adolescence*. 21(2): 376.

<sup>147</sup> Fry et al. (2017).

<sup>148</sup> Boynton-Jarrett, R., Hair, E. and Zuckerman, B. (2013). Turbulent

times: effects of turbulence and violence exposure in adolescence on high school completion, health risk behavior, and mental health in young adulthood. *Social Science & Medicine*. 95: 77.

<sup>149</sup> Allwood, M. A. and Spatz Widom, C. S. (2013). Child abuse and neglect, developmental role attainment, and adult arrests. *Journal of Research in Crime and Delinquency*. 50(4): 551.

the research found a moderate dose-dependent trend where the greater the number of different forms of childhood maltreatment, the greater the risk of not completing a high school education.<sup>150</sup> Similarly, Boden et al.'s study examined youth and adolescents at ages 18 and 21 in New Zealand and reported that increasing exposure to both child sexual abuse and child physical abuse were significantly associated with failing to achieve secondary school qualifications, gaining a Higher School Certificate, attending university, and gaining a university degree. However, the research found that after controlling for

confounding social, parental and individual factors, the associations between both child sexual abuse and child physical abuse and outcomes failed to reach statistical significance.<sup>151</sup> Geoffroy et al.'s prospective study of the British birth cohort interestingly found that for childhood abuse there was no associated trend of increasing risk of lower qualifications, but for each type of abuse there was a higher risk of no qualifications. Additionally, the study findings reported that childhood sexual abuse (RRR= 1.78 (1.06–2.99)) and witnessing abuse (RRR= 1.60 (1.23–2.09)) were independently associated with a higher risk on below O-level qualifications.<sup>152</sup>

### 3.2.12 EDUCATIONAL ATTAINMENT

Covey et al.'s study examining adolescents aged 11 to 17 in the USA found that physical abuse is a significant predictor of educational attainment. Being physically abused in adolescence was associated with an average loss of a little over a half year of education, or roughly one less grade completed by adulthood.<sup>153</sup> Similarly,

Tanka et al.'s 2015 study based in Canada found that children aged 4 to 16 who had experienced child sexual abuse had poorer educational attainment than their non-abused peers. The study also found that participants who reported severe childhood physical abuse were 1.77 times more likely to fail to graduate from high school.<sup>154</sup>

### 3.2.13 SPILL-OVER EFFECTS

There is also some evidence that the impact of family violence on school-aged children is not limited to those who are directly affected, but may also have residual effects on their peers. Carrel and Hoekstra's USA-based study estimated that adding one more troubled peer in a classroom of 20 students reduces student reading and

math test scores by 0.69 percentile points and increases the number of disciplinary infractions committed by 17%.<sup>155</sup> Family violence has wide-spread impacts beyond the direct members of the family. When children troubled by family violence are in a classroom, they impact both the academic and behavioural outcomes of their peers.

<sup>150</sup> Barker, B., Kerr, T., Dong, H., Wood, E. and Debeck, K. (2015). High school incompleteness and childhood maltreatment among street-involved young people in Vancouver, Canada. *Health & Social Care in the Community*.

<sup>151</sup> Boden, J. M., Horwood, L. J. and Fergusson, D. M. (2007). Exposure to childhood sexual and physical abuse and subsequent educational achievement outcomes. *Child Abuse & Neglect*. 31(10): 1101.

<sup>152</sup> Geoffroy et al. (2016).

<sup>153</sup> Covey, H. C., Menard, S. and Franzese, R. J. (2013). Effects of adolescent physical abuse, exposure to neighborhood violence, and

witnessing parental violence on adult socioeconomic status. *Child Maltreatment*. 18(2): 85.

<sup>154</sup> Tanaka, M., Georgiades, K., Boyle, M. H. and MacMillan, H. L. (2015). Child maltreatment and educational attainment in young adulthood results from the Ontario child health study. *Journal of Interpersonal Violence*.

<sup>155</sup> Carrell, S. E. and Hoekstra, M. L. (2010). Externalities in the classroom: How children exposed to domestic violence affect everyone's kids. *American Economic Journal: Applied Economics*. 2(1): 211.

## KEY FINDINGS

Carrell and Hoekstra's 2010 study found family violence to have far-reaching impacts beyond the members of the family. When children experienced family violence, their peers in the classroom also exhibited lower academic and behavioural outcomes.

## 3.3 PATHWAYS BETWEEN BEHAVIOURAL, MENTAL HEALTH AND EDUCATIONAL OUTCOMES

Educational outcomes can be affected by family violence through several interconnected pathways. Children's schooling can be affected by mental health, behavioural problems, or problems at home. They may learn coping strategies that protect them in a situation of family violence, but detract from their schooling. For instance, a child may learn to withdraw at home, but this may keep them from engaging at school. Adolescents may turn to leaving home or substance use to cope with their negative feelings and thoughts,

which may disturb their educational outcomes.<sup>156</sup> Children and youth may also have problems focusing or concentrating, managing homework assignments, getting to school or may be sleep deprived.<sup>157</sup> Intimate partner violence exposure can also have an impact on children's emotional expression, which may interfere with their academic performance, as well as relationships with teachers and peers.<sup>158</sup> Family violence may also be a reason requiring children to change schools, which may disrupt their learning and impact their educational outcomes.

## KEY FINDINGS

Children and youth may learn coping strategies that protect them in a situation of family violence, but detract from their schooling.

<sup>156</sup> Baker, L. and Cunningham, A. (2009). Inter-parental violence: The pre-schooler's perspective and the educator's role. *Early Childhood Education Journal*. 37(3): 199.

<sup>157</sup> Peek-Asa et al. (2007); Buckley et al. (2007).

<sup>158</sup> Byrne, D. and Taylor, B. (2007). Children at risk from domestic violence and their educational attainment: Perspectives of education welfare officers, social workers and teachers. *Child Care in Practice*. 13(3): 185.

### 3.4 RESILIENCE: PROTECTIVE FACTORS

KEY FINDINGS

Resilience: broadly defined as “the process of, capacity for, or outcome of successful adaptation despite challenging and threatening circumstances.”

Source:<sup>159</sup>

It is important to note that family violence impacts children and youth differently, and can have varied negative impacts. Not all people exposed to this violence will end up with long-term negative outcomes; many young people have shown resilience and will recover from such traumatic events.<sup>160</sup> Generally, individuals who do not develop negative outcomes or adapt successfully when exposed to adversities are considered resilient. Research indicates that some young people draw on several coping strategies and show resilience, while others

do not exhibit any negative outcomes at all.<sup>161</sup> Kitzmann et al.’s meta-analysis importantly found that 63% of children who witnessed family violence fare more poorly across behavioural, academic and social functioning development than children not exposed to family violence. As such, 37% of child witnesses showed outcomes similar to, or better than, non-witnesses.<sup>162</sup> This means adequate support and the strengthening of protective factors could minimise the impacts of family violence, and aid children and youth to resilient recovery.<sup>163</sup>

KEY FINDINGS

Evidence shows that adequate support and the strengthening of protective factors could minimise the impacts of family violence and aid children and youth to resilient recovery.

Most research on resilience and adversity in childhood has been cross-sectional and characterised by widely varying approaches to defining and measuring resilience.<sup>164</sup> A major challenge in understanding how resilience influences outcomes is the numerous conceptualisations of resilience

in the literature. The discrepant theories of resilience have hindered global development in this field.<sup>165</sup> Drawing from the literature, the three main conceptions of resilience are: resilience as an outcome, as a trait, and as a process.

<sup>159</sup> Masten et al. (1990).

<sup>160</sup> Australian Child & Adolescent Trauma, Loss & Grief Network. (2016). *Stepping Up for Kids: Understanding and supporting children who have experienced Family and Domestic Violence*. Commonwealth of Australia.

<sup>161</sup> Humphreys, C. and Houghton, C. (2008). Provision for children and young people experiencing domestic abuse. In C. Humphreys, C. Houghton, & J. Ellis (Eds.) *Literature review: Better outcomes for children and young people affected by domestic abuse*. Directions for good practice. Edinburgh, Scottish Government.

<sup>162</sup> Kitzmann et al. (2003).

<sup>163</sup> Australian Child & Adolescent Trauma, Loss & Grief Network. (2016).

<sup>164</sup> Dubowitz, H., Thompson, R., Proctor, L., Metzger, R., Black, M., English, D., Poole, G. and Magder, L. (2016). Adversity, Maltreatment, and Resilience in Young Children. *American Pediatrics*. 16 (3): 233.

<sup>165</sup> Happer, K., Brown, E.J. and Sharma-Patel, K. (2017). Children’s resilience and trauma-specific cognitive behavioral therapy: Comparing resilience as an outcome, a trait and a process. *Child Abuse and Neglect*. 73: 30.

Table 2. Models of resilience

Models of Resilience <sup>166</sup>		
Resilience as an outcome	Resilience as a trait	Resilience as a process
Resilience is conceptualised solely an immediate outcome. Specifically, it is the absence of symptoms and/or presence of adaptive functioning following trauma before intervention or treatment.	Resilience is conceptualised as a stable, innate trait that moderates therapy. It is a characterological quality or ability of an individual that is innate to select individuals.	Resilience is conceptualised as a dynamic quality that includes accessing and utilising skills. It is not an outcome, but rather a cluster of positive resources upon which youth can draw as they strive to achieve positive outcomes.

It is important to note that the impacts of family violence on children and youth varies greatly, and individual likelihood of resilience is still not well understood.<sup>167</sup> The literature makes it clear that each child is unique and the distress caused by experiencing family violence is expressed differently. Interestingly, Horn et al. studied

two pairs of siblings and observed that even siblings experiencing the same situations of family violence expressed their distress and recoveries differently from one another.<sup>168</sup> Further research is needed to better understand how and why children show different likelihoods of resilience in the face of family violence.

#### 3.4.1 SUPPORTIVE RELATIONSHIP WITH PRIMARY CARE GIVER

A secure attachment to a non-violent parent or other significant carer has been cited consistently in the literature as an important protective factor in mitigating trauma and distress.<sup>169</sup> Particularly, a child’s social support system is considered crucial in determining the impact of the violence.<sup>170</sup> Osofsky concluded from her review of the literature that the relationship with a parent or another familiar and caring adult is the exposed child’s greatest protective

resource.<sup>171</sup> This finding resonates in Mullender et al.’s research with 8 to 16 year olds who cited mothers as the most important source of help than anyone else in their lives.<sup>172</sup> Research conducted by Levendosky and her colleagues with 111 adolescents and their mothers, also found that a supportive relationship with an adult family member served as a protective factor in a high-risk environment.<sup>173</sup>

<sup>166</sup> Happer et al. (2017).

<sup>167</sup> ANROWS. (2015).

<sup>168</sup> Horn, S. R., Hunter, E. C. and Graham-Bermann, S. A. (2013).

Differences and similarities in pairs of siblings exposed to intimate partner violence: A clinical case study. *Partner Abuse*. 4(2): 274.

<sup>169</sup> Holt, S., Buckley, H. and Whelan, S. (2008). The impact of exposure to domestic violence on children and young people: A review of the literature. *Child Abuse & Neglect*. 32: 797.

<sup>170</sup> Ullman, S. (2003). A critical review of field studies on the link of

alcohol and adult sexual assault in women. *Aggression and Violent Behaviour*. 8: 471.

<sup>171</sup> Osofsky, J. (1999). The impact of violence on children. *The Future of Children*. 9: 33.

<sup>172</sup> Mullender et al. (2002).

<sup>173</sup> Levendosky, A. A., Huth-Bocks, A. C., Semel, M. A. and Shapiro, D. L. (2002). Trauma symptoms in preschool-age children exposed to domestic violence. *Journal of Interpersonal Violence*. 17: 150.

3.4.2 PARENTAL FUNCTIONING

To date, some research has reported that parental functioning plays an essential role in determining a child’s resilience. Graham-Bermann et al. explored how risk and protective factors, such as violence exposure and the individual characteristics of the mother, child, and family, impact a child’s level of social and emotional adjustment and resilience to the adverse

consequences of family violence. Their research found that the parental functioning level greatly impacts a child’s adjustment or resilience. Specifically, resilient children had mothers with better parenting, more family strengths and no past violent partner, while parents of children with continued severe problems lacked these attributes.<sup>174</sup>

3.4.3 STRONG PEER RELATIONSHIPS

As research reports a child’s social support system as a key factor in determining resilience, strong peer relationships have been identified as a factor mitigating the impacts of family violence.<sup>175</sup> In several

qualitative studies, children report that strong relationships with peers has been identified as an important coping strategy for children who have experienced family violence.<sup>176</sup>

3.4.4 SCHOOLS AS A SAFE PLACE

Schools can be seen as protective or resilience factor against the impacts of family violence, when children perceive school as a “safe place” where they are not at risk and where they may support to deal their experiences.<sup>177</sup> For example,

O’Brien et al.’s qualitative study found that establishment of a safe, supportive place of retreat was a common factor identified by children as important for coping post-experiencing violence in the family.<sup>178</sup>

3.4.5 SELF-ESTEEM

Some research indicates that individual characteristics such as self-esteem could play a role in explaining resilience amongst some children who experience family violence. Specifically, self-esteem has been found to be a critical element underlying children’s ability to develop successful coping strategies, and as a significant distinguishing factor between resilient and

non-resilient children and adolescents.<sup>179</sup> Martinez-Torteya et al.’s study explored resilience among children exposed to family violence who maintained positive adaptation through ages 2 to 4. The study found that frequency of family violence exposure did not predict resilience, while a child’s easy temperament was a significant predictor of resilience.<sup>180</sup>

<sup>174</sup> Graham-Bermann, S. A., Gruber, G., Howell, K. H. and Girz, L. (2009). Factors discriminating among profiles of resilience and psychopathology in children exposed to intimate partner violence (IPV). *Child Abuse & Neglect*. 33(9): 648.  
<sup>175</sup> Ullman, (2003).  
<sup>176</sup> Mullender, A., Hague, G., Umme, F. I., Kelly, L., Malos, E. and Regan, L. (2002). *Children’s perspectives on domestic violence*. London: Sage Publications; O’Brien, K., Cohen, L., Pooley, J. and Taylor, M. (2013). *Lifting the Domestic Violence Cloak of Silence: Resilient Australian*

*Women’s Reflected Memories of their Childhood Experiences of Witnessing Domestic Violence*. *Journal of Family Violence*. 28(1): 95; Thompson et al. (2012).  
<sup>177</sup> Byrne et al. (2007); Buckley et al. (2007).  
<sup>178</sup> O’Brien et al. (2013).  
<sup>179</sup> Martin, S. G. (2002). Children exposed to domestic violence: Psychological considerations for health care practitioners. *Holistic Nursing Practice*. 16(3): 7.  
<sup>180</sup> Martinez-Torteya et al. (2009).

4 ADDRESSING FAMILY VIOLENCE: EARLY CHILDCARE SETTINGS



## 4.1 ROLE OF EARLY CHILDCARE SETTINGS

### KEY FINDINGS

There is a notable lack of programs within early childcare settings that specifically target family violence through early identification, early intervention or response. While there is an established evidence based on early childhood intervention for infants, children and families experiencing other forms of hardship or disadvantage, family violence programming in this setting is an emerging field.

### KEY FINDINGS

Available evaluations often use limited or weak research tools, and rely on self-reporting by parents rather than directly assessing the impact on the children targeted by the program. There is a lack of longer-term or follow-up research to demonstrate maintained changes as a result of interventions. Published evaluations do not provide great detail on the processes, activities or training and logistics undertaken by specific interventions.

Early childcare settings are a key point of entry for early identification and early intervention for children impacted by family violence. DET currently supports a wide range of early childcare services including long day care, family day care, occasional care, playgroups, early childhood intervention professionals, school nurses, outside school hours care, and kindergarten. Analysis of the 2015 Australian Early

Development Census (AEDC) data highlights that over one-third of Australian children attend playgroup prior to school, with higher uptake among regional and remote areas compared with urban areas.<sup>181</sup> These points illustrate that early childcare settings have a wide reach, including the potential to engage with families that may otherwise be excluded from programming or face structural barriers to services.

### KEY FINDINGS

Analysis of the 2015 Australian Early Development Census (AEDC) data highlights that over one-third of Australian children attend playgroup prior to school, with higher uptake among regional and remote areas compared with urban areas.

<sup>181</sup> Gregory et al. (2017).

The research shows that it is not only older children and youth that are at risk of experiencing family violence. Infants, toddlers and very young children are also at risk of experiencing or being exposed to family violence, and the earlier this can be identified and mitigated, including in utero, the better for reducing long-term impacts of violence.<sup>182</sup> As such, early childcare settings are ideal for early identification and intervention.

Early childcare workers are well-placed to address family violence by raising awareness among parents and directing parents to specialised services. Further, enrolment in early childcare service may be an optimal opportunity to screen families for developmental and behavioural indicators of family violence.<sup>183</sup> People working in early

childcare settings and services also often form trusting relationships with one or both parents, and are in a good position to act as a gateway or make appropriate referrals for families and children experiencing family violence. Early childcare staff may also receive informal disclosures from parents or children, and therefore it is crucial they are adequately trained in making appropriate and timely referrals, and dealing with sensitive and confidential information. However, this literature review confirmed that currently the early childcare sector, both in Australia and in other sites, is relatively silent around family violence, with limited evidence of family violence-specific interventions or of efforts to improve response to family violence within early childcare.

## 4.2 EARLY IDENTIFICATION/DETECTION: IDENTIFYING THE SIGNS OF FAMILY VIOLENCE

Studies have shown that there is limited knowledge and understanding relating to identifying and responding to family violence among early childcare agencies and staff. For example, Early Childhood Australia conducted interviews with early childcare organisations and found that in this setting there is a limited knowledge of family violence, its impact on children, the specialist family violence sector, and the family violence system generally.<sup>184</sup> They also found that there was an 'appetite' to engage with the problem of family violence and to develop partnerships with the specialist

family violence sector. Early childcare organisations were primarily interested in clarifying their role and attaining the information, training and support required for staff engagement in family violence. It is important to note that some early childcare workers expressed concern about the level of engagement expected of them and emphasised that they could not be expected to be experts in family violence. Interviewees identified the need for clarification of their role and detailed practice guidelines and referral protocols.

<sup>182</sup> UNICEF. (2006); Cameron, P. (2016).

<sup>183</sup> Howell, K.H., Barnes, S.E., Miller, L.E. and Graham-Bermann, S.A. (2016). Developmental variations in the impact of intimate partner

violence exposure during childhood. *Journal of injury and violence research*. 8 (1): 43.

<sup>184</sup> Cameron. (2016).

## KEY FINDINGS

Some early childcare workers have expressed concern about the level of engagement expected of them and emphasised that they could not be expected to be experts in family violence. Further clarification of the role of early childcare workers regarding family violence is needed.

Likewise, in a large review of safeguarding practices and approaches in the UK, the research team found there is often insufficient understanding among practitioners across different sectors, including education, of the indicators of violence and the impact of violence on children's long-term development, leading to delayed identification and action in cases of abuse.<sup>185</sup>

In Victoria, early identification of family violence across social, health and justice services sits under the *Family Violence Risk Assessment and Risk Management Framework*, or the common risk assessment framework (CRAF). The CRAF is intended to support different agencies, including early

childcare and school settings, in identifying violent or potentially violent situations, and to prevent the repetition and escalation of family violence. An external review of the CRAF found that while there is considerable support from and commitment to the instrument from practitioners, there are several key limitations to be considered in the instrument's redevelopment.<sup>186</sup> As the CRAF is currently being revised as part of multi-agency risk assessment and management (MARAM) framework, it is important to consider and incorporate the unique needs pertinent to the early childcare sector, as highlighted in this review.

## 4.3 EARLY INTERVENTION

Early childhood intervention aims to engage infants, children and their families who have been identified by social services or other similar agencies as at risk of adverse experiences such as child abuse and neglect, homelessness, or parents with substance abuse.<sup>187</sup> There are a range of approaches to early childhood intervention including site-based programs that provide a 'one-stop shop', and targeted and structured programs such as parenting programs and supported playgroups. There is an established evidence base on these

broader early childhood interventions that aim to mitigate the potential negative developmental, educational and other outcomes that these children may experience, and that overlap with the outcomes discussed in Section 3 of this report. However, there is very limited evidence of early intervention that explicitly incorporates family violence within early childcare settings.

This section discusses the available evidence on different approaches to early childhood

<sup>185</sup> Davies, C. and Ward, H. (2012). *Safeguarding Children Across Services: Messages from Research*. London: Jessica Kingsley Publishers.

<sup>186</sup> McCulloch, J., Maher, J., Fitz-Gibbon, K., Segrave, M. and Roffee,

J. (2016). *Review of the Family Violence Risk Assessment and Risk Management Framework*. Melbourne: Monash University.

<sup>187</sup> Jha, T. (2016). *Early childhood intervention: Assessing the evidence*. Sydney: Centre for Independent Studies.

intervention, drawing on a broader literature to examine approaches that do not explicitly target family violence, but that could have the potential to impact on relevant outcomes. There is also the potential for family violence programming to be delivered through universal services such as community playgroups and maternal and child health settings, and these approaches have also been included here.

A review of research on early childhood interventions (not specific to family violence) concluded that place-based programs and the service coordination model has not been found to have particularly strong impacts.<sup>188</sup> Where this model has shown effectiveness, it has involved a structured program and taken place in an existing

### 4.3.1 UNIVERSAL SERVICES: PLAYGROUPS

There is limited research quantifying the specific impact of attending playgroup on childhood development and wellbeing more generally, and even less relating to family violence.<sup>189</sup> While there are evaluations of universal early childcare services such as playgroups, overall these do not refer to family violence, child abuse or associated outcomes, reflecting the relatively recent turn towards programming in this setting.<sup>190</sup> In some cases, programs are noted to have the potential to have a positive impact on family violence and child abuse, however these issues have not been an explicit focus of the program or were not assessed during the evaluation.<sup>191</sup> In other cases, family violence is described as a barrier to accessing services for some families, and as indicating the need for long-term support for compounding social issues such as

space for community engagement such as a school. The review found that some targeted interventions have had stronger impacts, while others have no impacts and some show worsened scores on outcomes of interest. The review recommended that Australian state governments should aim to better evaluate government programs using rigorous methodologies and making findings publically available; should fund experimental research including randomised control trials of high-potential early childhood programs; and create a knowledge hub or clearinghouse to drive information-sharing. These steps would be critical to addressing the significant gaps in the current evidence on early childhood interventions.

violence, homelessness, substance abuse and mental illness.<sup>192</sup>

Facilitated playgroups are group- and community-based, led by an early childcare practitioner and aim to build both parenting skills and provide families with the opportunity to develop their own networks of support. Analysis of 2012 and 2015 data from the AEDC found that playgroup is universally beneficial to all children of different backgrounds across all domains of child development: physical, social, emotional, language and cognitive development, and communication.<sup>193</sup> Playgroups can aid children build positive, supportive relationships with their peers and parents, and mitigate developmental delays that may be driven by a number of different factors including family violence and other

<sup>188</sup> Ibid

<sup>189</sup> Gregory et al. (2017).

<sup>190</sup> See, e.g., Bouchal, P. and Norris, E. (2014). *Implementing Sure Start Children's Centres*. UK: Institute for Government.

<sup>191</sup> See, e.g., Sammons, P., Hall, J., Smees, R., Goff, J., Sylva, K., Smith, T., Evangelou, M., Eisenstadt, N. and Smith, G. (2015). *The impact of children's centres: Studying the effects of children's centres in promoting better outcomes for young children and their families*. Evaluation of Children's Centres in England (ECCE, Strand 4): Research

report. Oxford: University of Oxford.

<sup>192</sup> See, e.g., Muir, K., Katz, I., Purcal, C., Patulny, R., Flaxman, S., Abello, D., Cortis, N., Thomson, C., Opera, I., Wise, S., Edwards, B., Gray, M. and Hayes, A. (2009). *National evaluation (2004-2008) of the Stronger Families and Communities Strategy 2004-2009*. Occasional Paper No. 24. Sydney: National Evaluation Consortium (Social Policy Research Centre, UNSW and the Australian Institute of Family Studies).

<sup>193</sup> Gregory et al. (2017)

sources of disadvantage.<sup>194</sup> There is some evidence from Australia that community-based playgroups are particularly important for diverse populations, including areas with families from migrant and other culturally and linguistically diverse backgrounds.<sup>195</sup> Playgroups can also work through partnerships with other institutional and community settings such as libraries, schools, health and community services – this is discussed further in relation to child and family centres below.

These points highlight the importance of universal services such as playgroups for families and communities, and for children's

early development. Given their broad reach, playgroups represent an important opportunity for future programming on family violence, and would be well-suited for prevention and early intervention focused approaches. To integrate family violence programming within community playgroups, there would need to be consideration for constraints around leadership and training support for staff, appropriate content and approaches for Koorie and CALD families, and to addressing the current evidence gap by evaluating all activities and disseminating findings.

## KEY FINDINGS

Given their broad reach, playgroups represent an important opportunity for future programming on family violence, and would be well-suited for prevention and early intervention focused approaches.

### 4.3.2 TARGETED PROGRAMS<sup>196</sup>

Targeted and intensive programs tend to focus on children and families with complex trauma or compounding risk factors, and aim to ameliorate the deeper negative impacts

on child development often associated with multiple risk factors or adverse experiences.<sup>197</sup>

**Box 2.** Evaluating targeted family violence efforts through the Early Years Education Project

Based in outer Melbourne, the **Early Years Education Project (EYEP)** is being evaluated using a randomised controlled trial in conjunction with the University of Melbourne.<sup>198</sup> This is a centre-based program run by the Children's Protection Society with philanthropic and some government funding. The evaluation will involve 45 children who will participate in the program, and another 45 who will be non-participants (the control group), as well as additional analysis using the Longitudinal Study of Australian Children (LSAC). The first stage of results from the research project are due to be published in 2017.<sup>199</sup>

<sup>194</sup> KPMG. (2014). *Early childhood intervention – An overview of best practice*. Canberra: KPMG and the ACT Government; Commerford, J. and Robinson, E. (2016). Supported playgroups for parents and children: The evidence for their benefits. *CFCA Paper No. 40*. Child Family Community Australia (CFCA), Australian Institute of Family Studies. Available online: <https://aifs.gov.au/cfca/publications/supported-playgroups-parents-and-children/export>.

<sup>195</sup> Gray, J. (2015). Something for everyone – diverse playgroups in growth corridors of Melbourne. *Preschool Matters*, Term 3, 16; McShane, I., Cook, K., Sinclair, S., Keam, G. and Fry, J. (2016). *Relationships matter: The social and economic benefits of community playgroups*. Melbourne: RMIT University.

<sup>196</sup> The NSW Department of Family and Community Services is working on reforming the Targeted Earlier Intervention program over the next three years. For more information, see: <https://www.facs.nsw.gov.au/reforms/children,-young-people-and-families/targeted-earlier-intervention-reform>.

<sup>197</sup> Jha. (2016).

<sup>198</sup> Jordan, B., Tsend, Y., Coombs, N., Kennedy, A. and Borland, J. (2014). Improving lifetime trajectories for vulnerable young children and families living with significant stress and social disadvantage: The Early Years Education Program randomised controlled trial. *BMC Public Health*. 14: 965.

<sup>199</sup> See <http://eyerp.org/>.

EYEP is a targeted, intensive program for children who have been abused or who are at risk of abuse or neglect.<sup>200</sup> The objective of the program is for participants to arrive at school developmentally and educationally equal to non-at-risk peers. It involves 25 hours per week of high-quality early education, with low staff-child ratios and highly qualified staff, and a trauma-informed and child-centred curriculum based on the national Early Years Learning Framework (discussed in Section 4.4 below). It also involves in-house specialists in infant mental health, and the assignment of a primary carer to every child for the purposes of the program. The purpose of the primary care model is to encourage the fostering of significant attachments for children who are likely to be experiencing attachment disorders in their home-care environments. The duration of the program is either three years, or until the child starts school.

### 4.3.2.1 CHILD AND FAMILY CENTRES

Child and family centres have developed due to the complexity and fragmentation of the early childcare support system. These centres aim to act as a 'one stop shop' where families can access all the support services they require in one location.<sup>201</sup> Ideally, these centres should be connected to other agencies where necessary through a strong integrated approach. System integration is discussed further in Section 6.

An evaluation of Early Years Centres (EYCs) in two sites in Queensland found that the centres were promising in providing both universal and targeted services, including education, to clients within disadvantaged or lower socio-economic areas.<sup>202</sup> The evaluation found that while accessing the centres, families' knowledge of child development and parenting practices improved significantly, and they were more likely to demonstrate positive parenting behaviours and have access to concrete support outside of the centres. Strengths of the program include effective

partnerships between difference services that facilitate strong, integrated service delivery, and engagement of hard to reach families through mobile outreach. The EYCs work in partnership with Aboriginal and Torres Strait Islander organisations including by recruiting family support workers at the centres. The evaluation also identified areas for improvement including integrating delivery of parenting programs, reviewing links and referral to family support services, increasing the diversity of partner organisations, articulating a clearer shared vision within each centre, and improving data collection to facilitate ongoing evaluation of the model. While this evaluation shows promising evidence for the model, it is a relatively small study, and family violence and child abuse were not a key focus of the program or the evaluation. However, the partnership model would provide a strong foundation for future family violence specific programming.

### 4.3.2.2 SUPPORTED PLAYGROUPS

Supported playgroups are led by trained facilitators, and intended to provide families identified as having particular

vulnerabilities or needs, with a focus on the development and wellbeing of both parents and children. Intensive supported

<sup>200</sup> Hill, A., Jordan, B., Coombs, N., Williams-Smith, J. and Borland, J. (2011). Changing life trajectories: The Early Years Education Research Project. *Insights: Melbourne Business and Economics*. 10: 19.

<sup>201</sup> KPMG. (2014); Jha. (2016).

<sup>202</sup> Carr, A. (2013). *Browns Plains and North Gold Coast Early Years Centres: Final evaluation report*. Paddington, NSW: The Benevolent Society.



playgroups target socially excluded and marginalised families. Generally, supported play groups are facilitated by at least two staff, usually an early childcare worker and a family support worker who provide extensive support to families by ‘building linkages’ between families and a wide range of other services in the community. However, there is no single model or an established set of guidelines for the delivery of supported playgroups. Rather, playgroups are diverse and can vary in their programming, operations and target audiences.

In Victoria, the Maternal and Child Health (MCH) Service is provided through partnership between the state government and local government. It is a universally free service provided to families with young children, offering support, education and programs, including supported playgroups.<sup>203</sup> In addition to the range of services offered through the universal MCH service, the Enhance MCH service provides more intensive support for children and families at risk of poor outcomes. Supported playgroups are offered to parents across the board to all families, and are specifically targeted at first-time parents. The MCH service offers written information along with facilitated parent discussions at each key stage of child development, and offers first supported playgroups at the ages of 4 months and 18 months.<sup>204</sup>

Research from Australia shows that the role of the facilitator is critical to the success of supported playgroups.<sup>205</sup> Some qualitative studies have documented important features of program delivery, such as the importance of facilitators’ interpersonal skills to ensure positive experiences for families in the playgroups, as well as the

important opportunities of the playgroups for reducing social isolation for participating families.<sup>206</sup>

Research into supported playgroups is limited and evaluation methods vary, however the available evidence suggests that supported playgroups may improve parents’ social supports and increase parents’ ability to care for young children.<sup>207</sup> Supported playgroups may also improve children’s sociability and create new opportunities for them to learn. However, there are varying models in operation, no single set of guidelines or practice principles, making them difficult to research and leading to a lack of cohesion in their implementation. The nature of the research designs employed by evaluations of specific targeted playgroups means that it is not possible to conclude that there is strong evidence of the impact of supported playgroups on child, parent and community outcomes.<sup>208</sup> Further research is also needed to help transition parents out of supported playgroups, with current evidence indicating this is a problematic area for facilitators.<sup>209</sup>

In Victoria, supported playgroups receive funding to deliver the smalltalk program, which is targeted at families experiencing vulnerable circumstances and addresses aspects of parenting and family functioning known to impact on the development of children’s early learning at home.<sup>210</sup> The program has been evaluated in both maternal and child health (the ‘infant trial’) and in facilitated playgroups (the ‘toddler trial’) using a randomised controlled trial design, with parent-report and observational measures were collected at baseline, 12 and 32 weeks follow up.<sup>211</sup> Program content was delivered at two

levels of intensity: the group program alone (smalltalk group-only) and a hybrid approach combining the group program with individual home visits (smalltalk plus). Primary outcomes were parent verbal responsivity and home learning activities at 32 weeks. In the infant trial, there were no differences by trial arm for the primary outcomes at 32 weeks. In the toddler trial at 32 weeks, participants in the smalltalk group-only trial showed improvement compared to the standard program for parent verbal responsivity and home learning activities, but smalltalk plus did not. The evaluation team concluded that, while there was some evidence for the benefits of combining individual home coaching with the group program (on secondary but not primary outcomes), these do not appear sufficient to justify providing this component to all families. The home visiting component is costly in terms of the staffing required and further research is needed to determine

4.3.2.3 PARENTING PROGRAMS

Recognising the importance of the infant-parent relationship, some early intervention programs seek to support parents in developing their skills and confidence. Research has shown that the use of violence against children is more likely when parents have a poor understanding of child development, are less nurturing, have an authoritarian parenting style, or were exposed to violence during childhood themselves.<sup>212</sup> Parenting programs therefore aim to foster healthy and safe family relationships by improving skills and knowledge, and teaching positive parenting practices. Parenting programs can be delivered one-on-one through

whether some families require home coaching in order to achieve benefits. In another evaluation of support playgroups in Queensland, an effectiveness study involving interviews with parents over a six-month interval indicated that all children participating in playgroups significantly improved on parent-reported social skills and receptive communication skills.<sup>212</sup> It also found a high commitment by facilitators, with capabilities to respond to diverse needs, and to provide appropriate learning activities and environments for children. However, there was no significant change in attentional and emotional regulation and no change in parent behaviour for parental engagement in home learning activities. The evaluation, which has not been formally published, was conducted through a multi-site case study with eight supported playgroups.<sup>213</sup>

home visitation, or in a group setting through family and health services, and can be important in building young children’s protective factors.<sup>215</sup> They may be provided through more universal services, such as maternal and child health as discussed below, and reflect an overlap or integrated approach to primary prevention and early intervention. The MCH service provides parenting group sessions including, but not limited to, first-time parent groups, which are universally offered to new parents. These programs aim to provide health education, build parenting capacity, offer support to parents and foster community connections.<sup>216</sup>

<sup>203</sup> Department of Education and Training. (2016). Strengthening Parent Support Program: Policy and Funding Guidelines. State of Victoria (Department of Education and Training).  
<sup>204</sup> Department of Education and Early Childhood Development. (2011). Maternal and Child Health Service Guidelines. State of Victoria (Department of Education and Early Childhood Development)  
<sup>205</sup> Commerford and Robinson. (2016).  
<sup>206</sup> Williams, K. Berthelsen, D., Nicholson, J. and Viviani, M. (2015). *Systematic literature review: Research on supported playgroups*. Brisbane: Queensland University of Technology.  
<sup>207</sup> Commerford and Robinson. (2016).

<sup>208</sup> Williams et al. (2015).  
<sup>209</sup> Commerford and Robinson. (2016).  
<sup>210</sup> Hackwork, N., Berthelsen, D., Matthews, J., Westrupp, E.M., Cann, W., Ukoumunne, O.C., Bennetts, S.K., Phan, T., Scicluna, A., Trajanovska, M., Yu, M. and Nicholson, J.M. (2017). Impact of a brief group intervention to enhance parenting and the home learning environment for children aged 6–36 months: a cluster randomised controlled trial. *Prevention Science*. 18: 337; Commerford and Robinson. (2016).  
<sup>211</sup> Ibid.

<sup>212</sup> Williams et al. (2015).  
<sup>213</sup> Ibid.  
<sup>214</sup> McCloskey, L. (2011). *A systematic review of parenting interventions to prevent child abuse tested with Randomised Control Trial (RCT) designs in high income countries*. South Africa: Sexual Violence Research Initiative and the South Africa Medical Research Council.

<sup>215</sup> KPMG. (2014).  
<sup>216</sup> Department of Education and Early Childhood Development. (2011); Department of Education and Training (DET), Victoria State Government. (2016b). Strengthening Parent Support Program: Policy and Funding Guidelines. State of Victoria (Department of Education and Training).



## KEY FINDINGS

Research shows that the use of violence against children is more likely when parents have a poor understanding of child development, are less nurturing, have an authoritarian parenting style, or were exposed to violence during childhood themselves.

A global review of parenting programs found that overall, parenting programs show mixed evidence in both preventing and reducing the risk of child maltreatment,<sup>217</sup> with most evidence coming from high-income countries (HICs) and limited evidence from follow-up studies.<sup>218</sup> There is also a strong bias in programming and in the literature towards programs that focus on mothers, with inadequate attention for fathers. The review determined that parenting programs appear to have a positive impact on risk factors associated with child maltreatment such as maternal psychosocial health and parental perceptions about harsh parenting practices, and for rates of unintentional injuries. However, the

impact of these programs on actual rates of child maltreatment is unclear, largely due to inconsistent measurement and methodologies. There was limited data on whether parenting programs could prevent maltreatment in homes where intimate partner violence is present, or data on children witnessing intimate partner violence. The review concluded that a multi-faceted approach combining different elements such as home visitation, group work, and support from other services would ensure the needs of families at risk are met. This conclusion is supported by other evidence on parenting programs, and on the prevention of family violence more broadly.<sup>219</sup>

## KEY FINDINGS

There is a strong bias in programming and in the literature towards programs that focus on mothers, with inadequate attention for fathers.

One such program is the *Triple P Parenting Programme*, which originated in the USA and has since been piloted in other settings such as Scotland.<sup>220</sup> *Triple P* was evaluated over two years using a population trial across 18 counties which were randomly assigned either to implement *Triple P* or continue with services as usual.<sup>221</sup> The

evaluation found that implementation of *Triple P* was effective when used alongside universal communication strategies and childcare workforce training. When compared with other approaches, *Triple P* was found to have a positive impact on three predictors of child maltreatment: the number of out of home placements, the

<sup>217</sup> Child maltreatment' was defined by this study as all forms of physical and/or emotional ill treatment of children, including sexual abuse, neglect or negligent treatment, and commercial or other exploitation of children, as well as exposure or witnessing violence between other family and community members.

<sup>218</sup> Coore Desai, C., Reece, J.A. and Shakespeare-Pellington, S. (2017). The prevention of violence in childhood through parenting programmes: A global review. *Psychology, Health & Medicine*. 22(Suppl 1): 166.

<sup>219</sup> See, e.g., Fulu and Kerr-Wilson. (2015); The Equality Institute and the Department of Premier and Cabinet, Victorian State Government.

<sup>220</sup> McDermid, S., Hyde-Dryden, G. and Ward, H. (2015). Looking for long-term outcomes: What early interventions are needed for children and young people at risk of maltreatment in England?. *Irish Journal of Applied Social Studies*. 15(2): 36.

<sup>221</sup> Prinz, R., Sanders, M., Shapiro, C., Whitaker, D. and Lutzker, J. (2009). Population-based prevention of child maltreatment: The US Triple P system population trial. *Prevention Science*. 10(1): 1.

number of substantiated official reports of maltreatment, and the number of identified child injuries caused by maltreatment.

In New Zealand, a nine-year follow up study was conducted on the *Early Start* program, a home visiting service targeted at families with infants identified by nurses within universal health services as at risk of severe social, economic or emotional challenges.<sup>222</sup> The program involves six key topics: child health, maternal wellbeing, parenting skills (for mothers), family economic functioning, and crisis management. The evaluation used a randomised controlled trial design with follow up at several points over the nine-year period in order to assess what changed, and what changes were sustained over the long-term. Families were assessed using parental interviews, hospital record data and teacher questionnaires. Up to the nine-year follow up, analysis showed that children of enrolled families had the following statistically significant outcomes:

- 33% lower rates of hospital attendance for childhood accidents compared with control group.
- 50% lower rates of parental reported physical child abuse compared with control group.
- More positive mean scores on measures of punitive parenting and parenting competence.

- Lower mean scores on measures of parental reported child behaviour problems.

The outcomes were found to be similar for Maori and non-Maori families. There was also consistent evidence showing the provision of *Early Start* did not have any benefit for a wide range of parental and family outcomes of interest (e.g. family economic circumstances, family violence, family stress and adversity). The lack of benefit of *Early Start* for these parental and family outcomes highlights the importance of developing better links and integration between home visiting services such as *Early Start* and a wide range of other family related services, such as adult mental health services, educational and career support, family budgeting services, and family relationship services.

The evaluation of *Early Start* suggests the program has beneficial effects for a series of child related outcomes spanning health, pre-school education, service utilisation, child abuse, parenting, and child behaviour. The evaluation attributes the success of *Early Start* in addressing child related outcomes to the research base of the program, the use of professionally trained staff, and the development of standards and service manuals for the program.

#### 4.3.2.4 MATERNAL AND CHILD HEALTH

Early childhood intervention within maternal and child health settings often adopt parenting program approaches that focus on improving the mother-child relationship through one-on-one or group activities, and cover maternal health, parenting skills, and mitigating any potential risk factors that have been identified. Programming may be

delivered pre- and/or post-birth, and into the child's early years. These programs may also be delivered as a response to family violence that has already occurred; this is discussed under therapeutic interventions below.

In Victoria, the primary model for early intervention and primary prevention

<sup>222</sup> Fergusson, D., Boden, J. and Horwood, J. (2012). *Early Start evaluation report: Nine year follow-up*. Wellington: Ministry of Social Development, Government of New Zealand

of family violence within maternal and child health settings is the *Baby Makes 3* program. *Baby Makes 3* aims to increase the capacity of first time parents (including fathers) to build equal and respectful family relationships; to increase the capacity of health professionals and agencies to promote equal and respectful family relationships during clients’ transition to parenthood; and to build capacity of maternal and child health staff to identify women at risk of experiencing violence.<sup>223</sup> It involves identifying and training facilitators (male and female) to deliver the parenting program component with first time parents. Workforce development is also provided to maternal and child health staff relating to gender equality, violence against women,

and respectful relationships within families. Available to all first-time parents, *Baby Makes 3* is a primary prevention approach to family violence within this sector. Evaluation of the program in the Eastern Metropolitan Region has found that a key impact of the *Baby Makes 3* program was that participants developed a greater awareness of how traditional attitudes to gender and parenting roles were shaping their new families.<sup>224</sup> While the two iterations of *Baby Makes 3* have both been found to have a positive impact in generating gender equality among new parents,<sup>225</sup> a number of challenges remain including reaching under-represented or marginalised families and potentially being overly negative towards men and fathers.<sup>226</sup>

4.4 RESPONSE

While early childcare services are not themselves well-positioned to deliver response services for young children and families experiencing family violence, they are an ideal setting for early identification and referring families to appropriate services.

Qualitative research with Victorian service providers also highlighted that the relationship between family violence and child protection services must be a nuanced

one.<sup>227</sup> The fear of an intervention by Child Protection services prevents many women from disclosing family violence, thereby increasing the risks to herself and her children. Building a better understanding of family violence and access to secondary consultations with specialist family violence services will support early childcare workers to be able to respond effectively to disclosures or when signs of family violence are identified.

KEY FINDINGS

While DET has comprehensive guidelines for mandatory reporting and child safety, guidelines and protocols for response and referral mechanisms within early childcare settings are lacking. There is a need for stronger, and more formalised, integration with specialist family violence services.

KEY FINDINGS

The literature suggests that early childcare workers are often unaware about specialist family violence services, and these services are rarely called upon for secondary consultations or response.

<sup>223</sup> Keleher, H. and Hutcheson, E. (2016). *Baby Makes 3: Final Report*. Melbourne: Carrington Health.  
<sup>224</sup> Flynn, D. (2011). *Baby Makes 3: Project report*. Melbourne: Whitehorse Community Health Service, VicHealth and City of Whitehorse.  
<sup>225</sup> Our Watch. (2016). *Reducing Violence Against Women and Their*

*Children Grants: Final report on outcomes and learnings*. Melbourne: Our Watch and the Department of Justice and Regulation, Victorian State Government; Keleher and Hutcheson. (2016); Taket et al. (2016).  
<sup>226</sup> Keleher and Hutcheson. (2016).  
<sup>227</sup> Cameron. (2016).

4.4.1 SPECIALIST FAMILY VIOLENCE SERVICES

To date, early childcare sector training has focused on mandatory reporting for child abuse and neglect. This informs current early childcare services practice, and has led to established professional relationships between early childcare providers and Child Protection. However, this review found that there is a lack of specialist family violence services within the early childcare sector. A review of safeguarding services and systems for children in the UK found that, where established, embedding health visitors and specialist practitioners (beyond family violence) in Sure Start children’s centres contributed to the effectiveness of the centres, however their presence depended heavily on current political will and was therefore inconsistent.<sup>228</sup> This point highlights the role of the government in ensuring the availability of specialist services in terms of ongoing and long-term commitment.

The literature suggests that early childcare workers are often unaware about specialist family violence services, and these services are rarely called upon for secondary consultations or response.<sup>229</sup> Building better connections between early childcare settings and family violence specialists is important as fear of intervention by Child Protection services has been

shown to prevent women from disclosing family violence, thereby increasing risks to herself and her children.<sup>230</sup> Further, Child Protection services may be unsuited to provide the specialised services for children who have experienced or have been exposed to family violence. It is thus essential for early childcare settings to develop relationships and connections with specialist family violence services, and be able to assist families by referring them to appropriate services. Currently, there are limited child-focused specialist family violence services for children, relative to other family violence response services. This means there are limited referral pathways for early childcare settings and other universal services to utilise, as recognised by the Royal Commission.<sup>231</sup> Building an integrated system and standardised referral pathways are the next steps in developing the early childcare sector’s response to family violence. Moving forward, the Safety and Support Hubs will have a key role to play in referral and specialist services for children exposed to family violence. Once established, early childcare settings should have up-to-date information on referring children and families to the Hubs. More discussion on the Hubs model is provided in Section 6.

<sup>228</sup> Davies and Ward. (2012).  
<sup>229</sup> Ibid.  
<sup>230</sup> Ibid.  
<sup>231</sup> The Hon. Marcia Neave et al. (2016).



## KEY FINDINGS

Currently, there are limited child-focused specialist family violence services for children, relative to other family violence response services.

## Box 3. Key learnings from the Eastern Family Violence Partnership

**The Eastern Family Violence Partnership (EFVP)-Children experiencing family violence:**

**Working together to develop a better service response.** The research project was commissioned and managed by the Children's Needs Mapping Working Group, a Working Group of the Eastern Regional Family Violence Executive Committee. Delivered by Urbis, an independent research firm, the report identified a number of key opportunities and priorities for training of practitioners and staff within the region for addressing family violence.<sup>232</sup> These include seeing training as an opportunity to share practice wisdom and collaborate, as increasing accountability between services and their alignment with best practice, as continuing engagement of and collaboration with Child Protection services, and as recognising the role for early childcare workers in early identification and intervention. Based on their experience in coordinating a regional response to family violence, the EFVP also recognised the importance of functioning referral networks throughout the system, and the need for consistent principles throughout the system. A key gap in the EFVP system was inadequate child and family violence specific practice, and where services had employed a designated children's worker, this was seen as invaluable in terms of lifting the profile of impacts of violence on children, in enhancing knowledge of the service system, and in developing partnerships to meet the needs of children and young people.

4.4.2 THERAPEUTIC INTERVENTIONS<sup>233</sup>

Therapeutic interventions may take a range of approaches and are focused on providing counselling and other treatment to mitigate children's trauma and to repair parent-child relationships, delivered within health and family services. While delivering therapy is beyond early child care centres' remit, it is a critical service for supporting children and families in the aftermath of family violence. As such, it is essential for the early childcare sector to develop and maintain close connections with external organisations

providing therapeutic interventions targeted at children. Therapeutic work with children affected by family violence focuses on the relating style of individual children, recognising that early violent relational experiences inform how children understand themselves and their relationships and will continue to do so in the long-term, if not effectively addressed.<sup>234</sup> These often take the form of therapeutic playgroups or other group work with children and/or parents, and may include more intensive

enhance its therapeutic response to adults and children impacted by family violence. For more information see: <http://www.dhs.vic.gov.au/for-individuals/children,-families-and-young-people/family-violence/family-violence-therapeutic-interventions-pilot-program>.

<sup>234</sup> Bunston, W., Pavlidis, T. and Cartwright, P. (2016). Children, family violence and group work: Some do's and don'ts in running therapeutic groups with children affected by family violence. *Journal of family violence*. 31: 85.

<sup>232</sup> Eastern Region Family Violence Committee Mapping Group. (2009). *Children experiencing family violence: Working together to develop a better service response*. Victoria: Eastern Family Violence Partnership.

<sup>233</sup> The Victorian DHHS is currently funding a number of therapeutic intervention pilot projects. The new pilot projects support recommendations from the Royal Commission into Family Violence to improve accessibility, transform the way the system responds to family violence, and support family violence services to strengthen and

case management and referrals to specialist mental health and family services.<sup>235</sup> There are many different community-based group work models, however there is very limited published evidence on them due to lack of funding and resources for evaluation and dissemination.<sup>236</sup> Group work aims to be child-led, with content determined by the needs of individual children rather than a top-down approach.<sup>237</sup> This can be important for work with children

from culturally and linguistically diverse backgrounds, or with Indigenous families, as it allows for greater flexibility so that facilitators can provide appropriate content.<sup>238</sup> Some intensive interventions aim to work with the whole family, addressing multiple needs, tailored to meet each family member's needs, using a range of therapeutic approaches, however there is not yet evidence to show this is consistently more effective than other models.<sup>239</sup>

## KEY FINDINGS

Therapeutic work with infants and young children who have been exposed to violence and trauma is one of the main approaches to response in the family violence field. While delivering therapeutic programs is beyond education settings' remit, they should be connected with external therapeutic interventions as a part of their response strategy.

In Victoria, therapeutic group work with children who've experienced family has been the focus of Wendy Bunston and colleagues, primarily delivered through the Royal Children's Hospital Mental Health Service. Some of these group work programs have been evaluated and exhibited promising results. The *Peek a Boo Club* ran from 2005 to 2012 and was delivered with infants and their mothers to repair the infant-mother attachment as a consequence of experiencing family violence.<sup>240</sup> The program was evaluated over 2007-2011 with more than 30 groups including families from CALD backgrounds, using pre- and post-surveys

and qualitative data.<sup>241</sup> Overall, the program was associated with improved scores on outcome measures assessing infant, mother and infant-mother functioning. Mothers reported that their infants were more socially competent post-intervention, and that infants displayed less problematic behaviours post-intervention (both findings statistically significant). Clinicians also reported better adaptive functioning for infants post-intervention. While these are positive findings, the evaluation relied on self-reporting by mothers to assess outcomes, and the authors recommended a more comprehensive, longitudinal and

<sup>235</sup> See, e.g., Bunston, W. (2008). Baby lead the way: Mental health group work for infants, children and mothers affected by family violence. *Journal of Family Studies*. 14: 334; Hilferty, F., Mullan, K., van Gool, K., Chan, K., Eastman, C., Reeve, R., Heese, K., Haas, M., Newton, B.J., Griffiths, M. and Katz, I. (2010). *The evaluation of Brighter Futures, NSW Community Services' Early Intervention Program*. Sydney: Social Policy Research Centre; Arvidson, J., Kinniburgh, K., Howard, K., Spinazzola, J., Strothers, H., Evans, M., Andres, B., Cohen, C. and Blaustein, M.E. (2011). Treatment of complex trauma in young children: Developmental and cultural considerations in application of the ARC intervention model. *Journal of Child & Adolescent Trauma*. 4: 34; Moore, E., Armsden, G., and Gogerty, P. (1998). A twelve-year follow up study of maltreatment and at-risk children who received early therapeutic child care. *Child Maltreatment*. 3: 3; Stanley, N., Ellis, J. and Bell, J. (2011). Delivering preventive programmes in schools: Identifying gender issues. In *Children behaving badly: Peer violence between children and young people*. Eds. Barter, C. and Berridge, D. UK: Wiley. 217-230.

<sup>236</sup> Bunston et al. (2016).

<sup>237</sup> Bunston. (2008).

<sup>238</sup> Chamberlain, L. (2014). *Comprehensive review of interventions for children exposed to domestic violence*. Promising Futures, Futures Without Violence. Available online: <http://promising.futureswithoutviolence.org/files/2012/01/Comprehensive-Review-of-Interventions-for-Children-Exposed-to-Domestic-Violence-FINAL.pdf>.

<sup>239</sup> McDermid et al. (2015).

<sup>240</sup> Bunston, W. (2006). The principles, theories & practice of 'Addressing Family Violence Programs' (AFVP). In *Addressing Family Violence Programs: Groupwork interventions for infants, children and their parents*. Eds. Bunston, W. and Heynatz, A. Melbourne: Royal Children's Hospital Mental Health Service. 13-23.

<sup>241</sup> Bunston, W., Eyre, K., Carlsson, A. and Pringle, K. (2016). Evaluating relational repair work with infants and mothers impacted by family violence. *Journal of Criminology*. 49(1): 113.

systematic evaluation be undertaken with a larger sample.

In the *parkas* (parents accepting responsibility – kids are safe) program, separate children's and mothers' groups are delivered to build communication between the two, with the same leadership team facilitating both.<sup>242</sup> The program was run through a partnership between the Melton Community Health Centre and The Royal Children's Hospital Mental Health Services. The program was evaluated between 1997–2000 using qualitative pre- and post-questionnaires with both children and mothers.<sup>243</sup> With consent, teachers were also contacted by group leaders through an unstructured interview focusing on the child's academic ability, their behaviour at school and the quality of their peer relationships. The evaluation used standardised clinical measures for children's behaviours, trauma symptoms and relationships, and while these have shown improvements in participants over time, small sample sizes have been a barrier generating strong results. As with other evaluations of such programs, the evaluation tools also rely on self-reporting of impacts and findings should therefore be interpreted with caution.

The evidence of therapeutic programs with children who have been exposed to family violence highlights several key challenges relating to safe and ethical evaluation and research in this area. A key question that arises is: when does the need for evaluation override the therapeutic duty not to create undue stress through a process that can re-traumatise?<sup>244</sup> This must be weighed against the need to do no harm by ensuring all programming is evidence-based, to ensure interventions do not inadvertently create additional trauma, and most importantly to ensure they are having the desired impact with participants. Other challenges relate to data collection, storage and analysis, as in how to administer tools with young children that have experienced trauma, and ensuring the implementation and research team(s) have the adequate skills and resources to conduct an evaluation with sensitivity and due diligence. As this review has established, these challenges have led to a considerable lack of rigorous evaluations around early childhood interventions in general, with a particular gap in relation to family violence specific programming.

## 4.5 TRAINING AND CAPABILITY BUILDING FOR EARLY CHILDCARE WORKERS TO ADDRESS FAMILY VIOLENCE

Training to build the capability of early childcare workers will need to involve the complex nature and dynamics of family violence, the safety risks to both mother and child, and the varied impacts of family

violence on young children. It should also include comprehensive information about specialist family violence services, and support connections between these services to facilitate secondary consultations and

<sup>242</sup> Bunston. (2006).

<sup>243</sup> Bunston, W. and Dileo, J. (2006). Last but not least: Evaluation. In *Addressing Family Violence Programs: Groupwork interventions for*

*infants, children and their parents*. Eds. Bunston, W. and Heynatz, A. Melbourne: Royal Children's Hospital Mental Health Service. 153–163.

<sup>244</sup> Bunston and Dileo. (2006).

referrals. However, the current standards and training requirements for early childcare workers under the Australian Government's National Quality Framework and the Early Years Learning Framework mean that the resources and capability of services for additional training and skills development are already stretched.<sup>245</sup> Qualitative research

with service providers in Australia has shown that, as most early childcare services are privately owned, the sector is fragmented and competitive, creating barriers to a collaborative approach to building family violence capacity across the early childcare sector.<sup>246</sup>

### KEY FINDINGS

In the early childcare setting, staff and practitioner knowledge on identifying and responding to family violence is limited. There is a need for more extensive training on family violence including referral systems and available support services.

### KEY FINDINGS

The resources and capability of services for additional training and skills development are already stretched.

### KEY FINDINGS

As most early childcare services are privately owned, the sector is fragmented and competitive, creating barriers to a collaborative approach to building family violence capacity across the early childcare sector.

Currently, early childcare workers must comply with mandatory reporting requirements for child abuse and neglect, including experiences of and exposure to family violence.<sup>247</sup> However, there is no requirement that staff be informed about family violence and its impacts on children, and staff training in relation to family violence only occurs in the context of the mandatory child protection online training module. Submissions to the Royal Commission expressed concern over the lack of family violence specific guidelines

and other resources for early childcare workers. Early childcare services appear not to have any standardised, specific guidelines or resources for staff in relation to family violence.<sup>248</sup> There were also concerns about the need to expand workers' capabilities for appropriate responses and the development of referral pathways. Given the sensitivity and complexity of the topic, face-to-face comprehensive training on identifying, responding to and preventing family violence that goes beyond mandatory requirements is recommended.

<sup>245</sup> Cameron. (2016).

<sup>246</sup> Ibid.

<sup>247</sup> Department of Education and Training (DET), Victorian State

Government. (2016a). *Protect: Identifying and responding to all forms of abuse in Victorian schools*. Melbourne: Victorian State Government.

<sup>248</sup> The Hon. Marcia Neave et al. (2016).



## 5 ADDRESSING FAMILY VIOLENCE: SCHOOLS

### 5.1 ROLE OF SCHOOLS

#### KEY FINDINGS

Where possible, early intervention and response programming should align with and complement primary prevention programs. This should be a priority in the upcoming rollout of the Respectful Relationships Education program.

Schools are a key setting for early identification and early intervention for children and youth impacted by family violence. Schools enable access to the majority of children and young people, and are the primary settings for development of children and youth outside of the home environment.<sup>249</sup> Schools are often viewed as a safe place of refuge and support for children and youth impacted by family violence.<sup>250</sup> Schools can serve as “safe and neutral” sites where children and youth can develop healthy positive relationships,

gain emotional and academic support and develop resilience and healthy coping skills.<sup>251</sup> In this context, alongside primary prevention programming, school-based programs targeting early intervention and response can be effective at: raising awareness about family violence, promotion of respectful relationships, challenging gender stereotypes, and fostering non-violence conflict resolution, as well as providing support for children who may be experiencing family violence.<sup>252</sup>

#### KEY FINDINGS

School can be seen as a protective or resilience factor against the impacts of family violence, when children perceive school as a safe and neutral place where they are not at risk and where they may find support to deal their experiences.

Schools are also an ideal location for external organisations to provide group counselling and play therapy to children who have been exposed to family violence. Quantitative research with young people who were themselves exposed to family violence similarly found that programming for school-aged children and teachers was thought to be beneficial so that teachers would be more understanding, supportive and inclusive of children who were experiencing family violence.<sup>253</sup>

This section presents an overview of the available evidence on evaluated interventions in school-settings. As this is an emerging area of research, the evidence base is limited, however there is some evidence from local and international evaluations that point to the effectiveness of early intervention approaches, response programs and training for school personnel, in addressing children and adolescents who have been exposed to family violence.

<sup>249</sup> Tully. (2007); Campo. (2015).

<sup>250</sup> Campo et al. (2014).

<sup>251</sup> Thompson and Trice-Black. (2012); Mullender et al. (2002).

<sup>252</sup> World Health Organization. (2016); Ellis. (2004); Ellis et al. (2006).

<sup>253</sup> Buckley et al. (2007).

## 5.2 ADOLESCENTS AND DATING VIOLENCE

### KEY FINDINGS

Adolescents are at particular risk of experiencing certain forms of violence, such as sexual violence or dating violence during early intimate relationships. However, this age group is also often overlooked by programs addressing violence.

### KEY FINDINGS

There are very few evaluations of programs within school settings targeting children or adolescents who have experienced or been exposed to family violence. Family violence programming in this setting is an emerging field, and there is very limited evidence from evaluations or other rigorous research to establish the effectiveness of such approaches.

The impacts of family violence are often more critical at key transition points such as adolescence, which are seen as ideal sites or timing for development interventions. Youth who have experienced family violence are more likely to develop violence-supportive attitudes and use or experience violence in their own relationships, which sometimes translates into dating violence. While research indicates a positive association between childhood experiences of family violence and adolescent dating violence, other factors beyond experiencing family violence must be taken into account when considering the increased risk of dating violence perpetration. That is, multiple forms of disadvantage often intersect to increase the likelihood of an adolescent perpetrating or experiencing dating violence. Abusive patterns initiated in adolescence may well lead to violence on the part of men and victimisation on the part of women in their adult relationships.<sup>254</sup> Adolescent

dating violence is associated with several risk factors and negative outcomes for adolescents who experience dating violence, including pregnancy, substance abuse, interpersonal violence, eating disorders, suicidal ideations and decreased physical and mental health.<sup>255</sup>

While dating violence is common among both girls and boys, girls are more likely to engage in physical force in self-defence and are more likely to be seriously injured in dating violence than boys. They are also far more likely to experience sexual violence in dating relationships than boys. Results from the Global School-based Health Survey, conducted among students 13 to 15 years old, shows high levels of physical violence within heterosexual dating relationships.<sup>256</sup> The National Survey of Australian Secondary Students and Sexual Health found that in 2013, approximately one quarter of sexually active students reported an experience of unwanted sex.

Perspectives of Young Adults and Professionals. *The Qualitative Report*. 17: 1.

<sup>256</sup> Pinheiro, P. (2006). *UN study on violence against children*; UNICEF. (2014).

<sup>254</sup> Flood, M. and Fergus, L. (2010). *An Assault on Our Future: The impact of violence on young people and their relationships*. A White Ribbon Foundation Report. White Ribbon.

<sup>255</sup> Martsof, D., Colbert, C. and Draucker, C. (2012). Adolescent Dating Violence Prevention and Intervention in a Community Setting:

The 2016 Personal Safety Survey reported that 12% of women aged 18 to 24 years experienced at least one incident of dating violence in the last 12 months.<sup>257</sup> The Australian Longitudinal Study on Women's Health similarly found that in 2012, 13% of young women aged 18 to 23 years reported that they had been in a violent relationship with a partner.<sup>258</sup> The 2013 Youth Risk Behaviour Survey in the USA found that 21% of female students, and 10% of male students, had experienced any form of dating violence in the past 12 months. Female students were much more likely to report higher rates of all forms of partner violence.<sup>259</sup> Administrative data from Canada in 2008, indicates that police-reported

rates of dating violence among adolescents aged 15 to 19, were 10 times higher among girls than boys.<sup>260</sup>

A 2016 study on the impact of information and communications technology on adolescent dating relationships found that girls and boys alike used their phones and social media to monitor their respective partner, however boys were much more extreme in their monitoring of female partners, and were much more likely to try to use this technology to isolate their partner. Identifying early signs of controlling behaviour is important to include in the whole-of-school approach to prevention.<sup>261</sup>

### KEY FINDINGS

Identifying early signs of controlling behaviour is important to include in the whole-of-school approach to prevention.

Younger age is a consistent risk factor for violence as this is a period when young people are experimenting with relationships and learning about boundaries. Young girls in dating relationships with male peers often experience physical violence, accompanied by controlling behaviours, or forced or coerced sex. Young girls are also threatened with violence by male peers to force them into unwanted dating and sexual relationships. In other contexts, girls are coerced into sexual relationships with the provision of gifts from their boyfriends. This situation raises key questions around sexual

consent and sexual agency and speaks to the complexity of defining sexual violence within adolescent relationships.

Studies from high-income settings have found that psychological abuse was high among girls against male partners, however boys were most likely to perpetrate physical and/or sexual violence against their female partners.<sup>262</sup> Other studies from the USA have suggested that the perpetration and experience of physical violence among adolescent dating relationships is relatively equal among girls and boys.<sup>263</sup>

<sup>257</sup> Australian Bureau of Statistics. (2016).

<sup>258</sup> Mishra, G., Loxton, D., Anderson, A., Hockey, R., Powers, J., Brown, W., Dobson, A., Duffy, L., Graves, A., Harris, M., Harris, S., Lucke, J., McLaughlin, D., Mooney, R., Pachana, N., Pease, S., Tavenor, M., Thomson, C., Tooth, L., Townsend, N., Tuckerman, R. and Byles, J. (2014). *Health and wellbeing of women aged 18 to 23 in 2013 and 1996: Findings from the Australian Longitudinal Study on Women's Health*. Australian Government Department of Health.

<sup>259</sup> Vagi, K., O'Malley Olsen, E., Basile, K.C. and Vivolo-Kantor, A. (2015). Teen dating violence (physical and sexual) among US high school students: findings from the 2013 National Youth Risk Behaviour Survey *JAMA Pediatrics*. 169(5): 474.

<sup>260</sup> UNICEF. (2014).

<sup>261</sup> Baker, C. and Carreno, P. (2016). Understanding the role of technology in adolescent dating and dating violence. *Journal of Child and Family Studies*. 25: 308.

<sup>262</sup> Cutbush, S., Williams, J. and Miller, S. (2016). Teen dating violence, sexual harassment, and bullying among middle school students: examining mediation and moderated mediation by gender. *Prevention Science*. 17: 1024; Niolon, P.H., Vivolo-Kantor, A.M., Latzman, N.E., Valle, L.A., Kuoh, H., Burton, T., Taylor, B.G. and Tharp, A.T. (2015). Prevalence of teen dating violence and co-occurring risk factors among middle school youth in high-risk urban communities. *Journal of Adolescent Health*. 56: S5; Orpinas, P., Nahapetyan, L., Song, X., McNicholas, C. and Reeves, P.M. (2012). Psychological dating violence perpetration and victimisation: trajectories from middle to high school. *Aggressive Behaviour*. 38: 510.

<sup>263</sup> Taylor, B.G. and Mumford, E.A. (2016). A national descriptive portrait of adolescent relationship abuse: results from the national survey on teen relationships and intimate violence. *Journal of Interpersonal Violence*. 31(6): 963.

Family violence perpetrated via electronic mediums, such as 'sextortion', revenge porn, or other image-based abuse is an emerging area of research. Currently there is very little is being done in the early intervention or response sectors regarding non-consensual distribution of intimate images, though there is some work emerging in primary prevention. In regards to revenge porn, there are no programs addressing this (and certainly no evaluations of programs), however there is growing literature about what revenge porn is and the legislative response to it. A 2015 survey on online harassment and abuse conducted at the Royal Melbourne Institute of Technology surveyed 3000 Australians between ages 18 and 55 using quota sampling to match sample demographics with the national Australian census data. The study reported that 1 in 10 Australians have had a nude or semi-nude image of them distributed online

or sent to others without their permission.<sup>264</sup> In the UK, there is a 'Revenge Porn Helpline' that provides free, confidential legal advice and support via telephone and email. There are specific laws in Victoria and South Australia that criminalise the distribution, or threat thereof, of intimate or sexualised images without consent. In 2014, Victoria introduced legislation that makes it an offence to threaten to distribute or to distribute an intimate image without consent. New sections 41DA and 41DB were added to section 41D of the Summary Offences Act 1996, introducing a maximum of two years' imprisonment upon offending.<sup>265</sup> Considering the severe psychological distress image-based abuse or 'sextortion' can cause to victims, it is important that children are educated on the legal implications of image-based abuse and that legal, policy and support responses are integrated into existing school systems.<sup>266</sup>

## KEY FINDINGS

Considering the severe psychological distress image-based abuse or 'sextortion' can cause to victims, it is important that children are educated on the legal implications of image-based abuse and that legal, policy and support responses are integrated into existing school systems.

There is strong evidence from the USA and Canada that dating violence prevention programs are effective in preventing physical, sexual and emotional violence in adolescent dating relationships, and may further contribute to the prevention

of intimate partner violence and sexual violence in adulthood.<sup>267</sup> However there a few, if any, evaluations of interventions addressing early intervention and response for adolescent dating violence, particularly in the school setting.

<sup>264</sup> Powell, P. and Henry, N. (2015). Digital Harassment and Abuse of Adult Australians: A Summary Report. RMIT University, Melbourne.

<sup>265</sup> Parliament of Victoria. *Crimes Amendment (Sexual Offences and Other Matters) Act 2014*, No 74 of 2014.

<sup>266</sup> Henry, N., Powell, A. and Flynn, A. (2017). *Not just 'revenge pornography': Australians' experiences of image-based abuse. A summary report*. Gendered Violence and Abuse Research Alliance, Centre for Global Research, and Centre for Applied Social Research.

<sup>267</sup> Lundgren, R. and Amin, A. (2015) Addressing intimate partner

violence and sexual violence among adolescents: emerging evidence of effectiveness. *Journal of Adolescent Health*. 56: S42; Wolfe, D., Crooks, C., Jaffe, P., Chiodo, D., Hughes, R., Ellis, W., Stitt, L. and Donner, A. (2009). A school-based program to prevent adolescent dating violence: a cluster randomised trial. *Arch Pediatr Adolesc Med*. 163: 692; Foshee V., Bauman, K.E., Ennett, S.T., Suchindran, C., Benefield, T. and Linder G.F. (2005). Assessing the effects of the dating violence prevention program 'Safe Dates' using random coefficient regression modelling. *Prevention Science*. 6: 245.

## 5.3 EARLY IDENTIFICATION/DETECTION: IDENTIFYING THE SIGNS OF FAMILY VIOLENCE

### KEY FINDINGS

Schools are a key setting for early identification and early intervention for children and youth impacted by family violence.

Identifying the signs of family violence among children and adolescents is critical to ensuring the protection of children and their access to appropriate care and response. Early identification in school settings can occur in several ways including through screening tools and processes, self-identification or disclosure by students, and observation and awareness of signs by teachers and staff. A review of safeguarding systems and agencies in the UK found that there is a lack of evidence on effective ways for schools to undertake identification of neglect and emotional abuse.<sup>268</sup> In Australia, primary school nursing services currently use the School Entrant Health Questionnaire to identify possible exposure to family violence. The questionnaire, which relies on family self-reporting, asks questions relating to abuse of a child or parent and about children or parents 'witnessing' violence. Where issues around family violence are identified, the nurse facilitates referrals to school support services and local family agencies where appropriate.<sup>269</sup>

As discussed in Section 4: Addressing family violence: Early childcare settings, CRAF is the main framework for early identification of family violence intended for social, health and justice services as well as early childcare and school settings. See

Section 4 for further information on CRAF. Another approach to early identification and intervention within Australia is the Common Approach to Assessment, Referral and Support (CAARS).<sup>270</sup> CAARS involves a number of resources that have been designed to support universal practitioners from different sectors, including schools and early childcare settings, to know how to engage children and families in conversations that assist in the early identification of problems including family violence, and to refer to appropriate support. The program is based on capacity and capability building of relevant staff, rather than a direct service delivery model. The pilot study for CAARS was trialled across Gippsland Lakes Community Health Centre in Victoria, Interrelate Lismore in New South Wales, Rockingham Kwinana Division of General Practice in Western Australia and Northern Connections in South Australia. The pilot evaluation found that the program encouraged practitioners to identify issues they would not usually identify within their daily practice, leading to more comprehensive referrals, more integrated support, and often the earlier identification of problems.<sup>271</sup> Strengths were that the program offers flexible tools for practitioners from different sectors

<sup>268</sup> Davies and Ward. (2012).

<sup>269</sup> Department of Education and Early Childhood Development. (2014). *State findings from the school entrant health questionnaire*. Melbourne: Department of Education and Early Childhood Development.

<sup>270</sup> Australian Research Alliance for Children and Youth (ARACY). (2013). *The Common Approach to Assessment, Referral and Support (CAARS): Working together to prevent child abuse and neglect – Final report*. Canberra: ARACY.

<sup>271</sup> Ibid.



and with varying levels of expertise, and takes a strengths-based approach to identifying problems by facilitating client led conversations. This study also revealed that barriers to successful implementation of CAARS are systemic, including availability of required services, collaboration between organisations, and values relating to perceptions of practitioners' roles in intervention and response.<sup>272</sup>

The evaluation of the second stage of the pilot reinforced this point, noting that many universal practitioners displayed a reluctance to take on an expanded

role in child protection and wellbeing.<sup>273</sup> Participants expressed anxiety about their current levels of competence, and concern about what to do if a problem is identified and appropriate services are not available. There was also little evidence that CAARS was used to facilitate information sharing or collaboration across services, or for promoting a common language for child wellbeing amongst universal practitioners. Further, the study identified a need for ongoing training and support to sustain CAARS use beyond the initial assessment.

## KEY FINDINGS

The evaluation of the second stage of the Common Approach to Assessment, Referral and Support pilot noted that many universal practitioners displayed a reluctance to take on an expanded role in child protection and wellbeing.

These findings were supported by a final evaluation of a broader CAARS trial, primary schools, regional education offices and some non-school settings in South Australia.<sup>274</sup> Strengths identified include increasing participants' ability to identify a family's strengths and needs, and increasing referrals to informal services and supports in the community. More than half of participants in the study said they had not used the approach since receiving training due to lack of time, inconsistencies between CAARS and current ways of working, little encouragement from management or leadership, no follow up support on the model, and high staff turnover. Around half of participants also said they rarely refer families on to services outside of their organisation, which may reflect a lack of knowledge regarding what specialist services are available or appropriate.<sup>275</sup> A

key component of the CAARS model was the use of the champion model, where a staff member (usually a manager) was designated as the Common Approach champion for each site. Each site Champion was the point of contact for their site and provided support and guidance for the implementation of the approach for other staff at the site. The Champion model was effective in some sites, however in others it was clear that Champions were not aware of or did not pursue their responsibilities within the program, and some participants were not aware who the Champion was within their organisation. This highlights the barriers to effective leadership, outlined above. One of the key findings of the study was that follow up training and support is needed for the approach to become embedded in the organisation's practices and policies.<sup>276</sup> Following on from this point,

project using the Common Approach – Final report. Canberra: Australian Research Alliance for Children and Youth and the Department for Education and Child Development, South Australian State Government.

<sup>275</sup> Ibid.

<sup>276</sup> Ibid.

<sup>272</sup> Ibid.

<sup>273</sup> Hilferty, F., Newton, B. and Katz, I. (2012). *Preventing child abuse and neglect through a Common Approach to Assessment, Referral and Support: Evaluating the trial (Stage 2)*. Sydney: Social Policy Research Centre.

<sup>274</sup> Goodhue, R. (2015). *The delivery of a child and family wellbeing*

the CAARS model would also benefit from a more long-term vision and activities that more explicitly target family violence and associated outcomes. At present child abuse

and neglect are highlighted in the theory of change, but these are not adequately addressed in the program's implementation.

## 5.4 EARLY INTERVENTION

The literature indicates that school settings can be an important site for implementing effective early intervention programs to address the impacts of family violence on children and youth. As in the early childcare sector, there are few family violence specific interventions delivered through schools. Even fewer early interventions in schools have been evaluated, yet some have suggested promising results so far. For children who have already experienced family violence, a social learning theory model of prevention and early intervention that focuses on developing skills and knowledge, can assist children in learning alternative ways of dealing with conflict, and in 'unlearning' problematic behaviours.<sup>277</sup> While primary prevention programs, such as Respectful Relationships, address the harmful gender norms and violence-condoning attitudes children are exposed to daily, early intervention programs have the potential to support reinforce the positive messaging delivered through such programs, whilst simultaneously supporting at risk children, or children who have already experienced family violence.<sup>278</sup>

### 5.4.1 GROUP COUNSELLING

Group counselling is one of the most efficient ways to promote growth and development of children exposed to family violence. Group counselling refers to

Research on family violence interventions with children highlights the benefit of treatment early on. Although limited, findings from research on the effectiveness of family violence group interventions with children indicate that children benefit from early interventions.<sup>279</sup> Family violence group interventions is an umbrella term used to describe structured and non-structured intervention and response programs delivered in group settings. These interventions aim to aid children and families develop the skills and coping mechanisms needed to heal after experiences of family violence in a safe environment.<sup>280</sup> These intervention types include: structured interventions; *bibliotherapy*; play therapy; and group objectives (that are mapped out through play therapy and structured interventions).<sup>281</sup> These interventions can be delivered by external family violence specialists or trained school mental health professionals.

the delivery of therapeutic interventions promoting the growth and development of individuals in a small group setting rather than in one-on-one settings.

<sup>277</sup> Ellis et al. (2006).

<sup>278</sup> Ibid.

<sup>279</sup> Suderman, M., Marshall, L. and Loosely, S. (2000). Helping children who reside at shelters for battered women: Lessons learned. In R. A. Geffner, P. G. Jaffe, and M. Suderman (Eds.), *Children exposed to domestic violence: Current issues in research, intervention, and policy development* (pp. 147–160). Binghamton: Hawthorn Maltreatment and Trauma Press; Sullivan, M., Egan, M. and Gooch, M. (2004). Conjoint

interventions for adult victims and children of domestic violence: a program evaluation. *Research on Social Work Practice*. 14 (3): 163; Wagar, J. and Rodway, M. (1995). An evaluation of a group treatment approach for children who have witnessed wife abuse. *Journal of Family Violence*. 10: 295.

<sup>280</sup> Thompson and Trice-Black. (2012).

<sup>281</sup> Ibid.



Group counselling for children and youth necessarily involves enhancing the relatedness between and among children within a supportive social system that allows mutual aid.<sup>282</sup> Group counselling interventions are effective at reducing internalising and externalising behaviour problems, increasing self-esteem,

diminishing feelings of self-blame, and increasing safety knowledge.<sup>283</sup> Primary school interventions for children exposed to family violence, such as small group counselling, can provide support, assist with emotional and problem-solving skills, and help prevent problems later in life.<sup>284</sup>

## KEY FINDINGS

Group counselling interventions are one of the most efficient ways to promote growth and development of children exposed to family violence.

### 5.4.2 PEER EDUCATION

There is also some evidence to suggest that peer education programs on family and dating violence are effective early intervention approaches. Peer education is a strategy by which individuals from a particular group provide information, training or other resources to their peers. In Australia, peer education approaches are successfully being used with youth to raise awareness around alcohol and drugs, sexually transmitted diseases, mental health and more recently domestic and dating violence.<sup>285</sup>

Some research clearly supports the efficacy of the peer education model for youth over adult-delivered education programing. Cuipers' 2002 meta-analysis of 12 research projects comparing peer led and adult led school based drug prevention programs found that overall the peer led programs were more effective.<sup>286</sup> Similarly Mellanby

et al.'s 2001 study comparing adult versus peer delivered sex education found that peer educators were more effective in establishing positive norms and attitudes relating to sexual behaviour.<sup>287</sup>

A program in Western Australia conducted with teachers and students in two secondary schools in metro and regional areas aimed to:<sup>288</sup>

- Implement an education program to raise awareness about family and dating violence;
- Make available resources and support for students and teachers who have experienced these forms of violence;
- Improve student's attitudes towards and understandings of health family and intimate partner relationships;
- Train a small group of students from each

school as Peer Educators, who implement school-based activities around awareness raising and knowledge building;

- Develop partnerships between schools and local service providers.

The program resulted in several concrete achievements including a series of awareness-raising presentations, links between schools and the Regional Coordinated Response to Family and Domestic Violence Groups, and increased student knowledge about family and dating violence.

CASA house (Centre Against Sexual Assault) initiated the Sexual Assault Prevention Program for Secondary Schools model, a whole-school, long term model for

embedding respectful relationships education, policies and practices across school communities in 2004. From 2007 to 2009, CASA House further developed a peer educator pilot to build the capacity of senior secondary students aged 16 to 18 years to take on leadership roles around addressing sexual assault. The peer educator pilot was implemented in four schools over three years, involving 64 young people as peer educators and seven school and agency staff as trainers and supporters. The results of process and impact evaluations found that the pilot met its main objective of building the capacity of young leaders; it equipped young people with the communications skills and confidence to convey their knowledge and understanding of sexual assault to their younger peers in the school community.<sup>289</sup>

### 5.4.3 PROTECTIVE BEHAVIOURS PROGRAMS

There is also some evidence supporting early intervention programs that are not specifically targeted at family violence. The *All Children Being Safe* program (NAPCAN) in Tamworth, New South Wales, is a culturally appropriate primary school protective behaviours program that uses animal stories, craft, dance and other activities to help children aged 5 to 8 identify safe and unsafe feelings, places and people. The pilot program was delivered to eight primary schools in Tamworth in 2012, and the evaluation found the program to

be associated with increased children's knowledge of protective behaviours and safety. Further, both children and teachers reported finding the program valuable and effective. NAPCAN does not specifically address family violence, and did not include components challenging gendered stereotypes. However, the program aimed to raise children's awareness of potential harms and build their protective behaviours, which can directly affect the impacts of family violence.

### 5.4.4 INTEGRATED SERVICES

*The Geelong Project* (TGP) is a 'community of schools and services' response to young people at risk of homelessness. It uses a location-based, integrated coalition of schools and youth agencies that engage in a range of early intervention activities for at-risk children. TGP is a unique partnership

model between schools and community organisations that is committed to address the dual issue of school disengagement and homelessness in Geelong. Key features of TGP include:

- School-level screening processes for at risk students and surveys across all

<sup>282</sup> Thompson and Trice-Black. (2012).

<sup>283</sup> Landreth, D. S. Sweeney, D. C. Ray, L. E. Homeyer and G. J. Glover (Eds.), *Play therapy interventions with children's problems* (pp. 240–242). Oxford: Rowman & Littlefield; Suderman et al. (2000); Sullivan et al. (2004).

<sup>284</sup> Huth-Bocks, A., Schettini, A. and Shebroe, V. (2001). Group play therapy for preschoolers exposed to domestic violence. *Journal of Child and Adolescent Group Therapy*. 11(1): 19; Kot, S., Landreth, G. L. and Giordano, M. (2005). Intensive group play therapy with child witnesses of domestic violence. In G. L. Landreth, D. S. Sweeney, D. C. Ray, L. E. Homeyer, & G. J. Glover (Eds.), *Play therapy interventions with children's problems* (pp. 240–242). Oxford: Rowman & Littlefield; Emshoff, J. G. and Jacobus, L. L. (2001). Play therapy for children of alcoholics. In A. A. Drews, L. J. Carey, & C. E. Schaefer (Eds.), *School-based play therapy* (pp. 194–215). New York: Wiley; Sullivan et al.

(2004); Landreth, G. L. and Sweeney, D. S. (1999). The freedom to be: Child-centered group play therapy. In D. S. Sweeney & L. E. Homeyer (Eds.), *Group play therapy* (pp. 39–64). San Francisco: Jossey-Bass.

<sup>285</sup> Women's Council for Domestic and Family Violence Services (WA). (2007). *Domestic and Dating Violence Peer Education Program: A Pilot Project*. Perth, Western Australia: Women's Council for Domestic and Family Violence Services (WA).

<sup>286</sup> Cuipers, P. (2002). Peer led and adult led school drug prevention: A meta-analytic comparison. *Journal of Drug Education*. 32(2): 107.

<sup>287</sup> Mellanby, A. R., Newcombe, R. G., Rees, J. and Tripp, J. H. (2001). A comparative study of peer-led and adult-led school sex education. *Health Education Research*. 16(4): 81.

<sup>288</sup> Women's Council for Domestic and Family Violence Services (WA). (2007).

<sup>289</sup> Imbesi, R. and Lees, N. (2011). *Boundaries, better friends and bystanders: Peer education and the prevention of sexual assault. A report on the CASA House Peer Educator Pilot Project*. CASA House and Royal Women's Hospital.

- schools feeding into baseline data;
- Collaborative approach connecting schools with integrated key service providers; and
- Standardised system of referral and case management for schools and services in the area.

TGP does not specifically target youth who have experienced family violence, though

many youth at risk of homelessness may have experienced violence in the home. By improving school engagement, TGP builds protective factors and the project established an integrated system of youth services in an innovative system that may be useful for youth who impacted by family violence.<sup>290</sup>

## 5.4 EARLY INTERVENTION

### KEY FINDINGS

The main role for schools in responding to family violence at present is mandatory reporting, and expanding their role to include developing effective response systems, referral pathways and partnerships with appropriate, specialist family violence service deliverers would benefit students and educators.

While primary schools and high schools are not themselves positioned to deliver response services to children and youth impacted by family violence, they are well positioned to create links with universal services and specialist family violence services. The main role for schools in responding to family violence at present is mandatory reporting, and expanding their role to include developing effective response systems, referral pathways and partnerships with appropriate, specialist family violence service deliverers would benefit students and educators. This should be a focus of upcoming integration through the Support and Safety Hubs.

DET currently provides resources and guidelines for school staff setting out their responsibilities in responding to risks of harm, including child abuse and family violence. At present, teachers are mandatory reporters to Child Protection

in cases of knowledge or reasonable belief that a child has or is at risk of experiencing family violence and child abuse.<sup>291</sup> While current response practice focuses on Child Protection, the response system could be expanded to include links to the wide range of specialist family violence services that are often needed after violence, including ongoing support and recovery. Schools can provide referral for children and their family members, especially mothers, and be part of the entire integrated system.<sup>292</sup> The Royal Commission heard that at present, referral pathways are under-developed and schools need to augment their capability to effectively respond to family violence.<sup>293</sup> Findings from the CAARS evaluation highlighted support from leadership, unfamiliarity with external services, and lack of staff knowledge were major issues hindering staff's referral of families within a response model.<sup>294</sup> It is essential that

NCOSS.

<sup>291</sup> DET. (2016).

<sup>292</sup> Ibid.

<sup>293</sup> The Hon. Marcia Neave et al. (2016).

<sup>294</sup> Australian Research Alliance for Children and Youth (ARACY). (2013).

<sup>290</sup> The Geelong Project (2014). A 'Community of Schools and Youth Services' Platform. Submission to Department of Human Services and the Victorian Government. Executive Summary. The Geelong Project; NCOS. (2016). Domestic Violence and Children and Young People: COAG National Summit on Reducing Violence against Women. NSW:

schools manage disclosures appropriately by establishing close links with external support services and ensuring that schools have the skill and capability to adequately respond to children's potential disclosures.<sup>295</sup> Given the sensitivity and complexity of the topic, expertise within the school in these areas is required, and training as well as resources are needed to develop and maintain this.

Qualitative research with parents who are survivors and whose children have been exposed to violence, and with service providers, highlighted some of the priorities to support families:<sup>296</sup>

- Peer-to-support education in the school system to help teachers and wellbeing staff understand the signs of violence and ways to help;
- Involvement of the wider community in violence programs such as health care providers, legal advocates, social workers, government, teachers, and other community services;
- Basic needs, such as transportation and child care, so children and their mothers can reach and access available services; and
- Strong referrals and engagement with the justice sector.

### 5.5.1 TRAUMA-INFORMED PROGRAMMING

Some research indicates that trauma informed programming can be an effective form of response in school settings. While initial evaluations of trauma-informed programming show positive results, more research and evaluation is required in this emerging field. Children who have been exposed to family violence are at a higher risk of developing post-traumatic stress disorder which may further exaggerate developmental problems related to family violence. The *Cognitive Behavioural Intervention for Trauma in Schools* program (CTBIS) is a school-based, group and individual early trauma intervention developed in the USA. It is designed to reduce symptoms of PTSD, depression and behavioural problems, and to improve functioning, grades and attendance, peer and parent support and coping skills. It is a classroom based intervention, that is delivered by school-based mental health workers. The program uses a skills-based approach to help children process traumatic memories, express their grief, learn relaxation skills, challenge upsetting thoughts and improve social problem

solving. Evaluative research has found that students who participate in the program have significantly fewer symptoms of post-traumatic stress, depression and psychosocial dysfunction, and improved mental health and academic outcomes.<sup>297</sup>

The Wilmah and Campsie Women's Refuges in New South Wales run the *Speak Out For Kids* program for children aged 5 to 7 years, and the Kids Can program for children aged 8 to 12 years. Both programs are trauma-informed and child-centred, and delivered through creative arts therapy, educational activities and counselling. The program is based on the latest neuro-development research and seeks to build positive neuro-pathways for children who have experienced family violence. While the *Speak Out For Kids* program focuses on creative arts through breathing exercises and expressive play, the *Kids Can* program is a cross between education and therapeutic group work. The program specifically involves addressing the impact of family violence, and uses arts and crafts as a medium for children to tell their stories through play. The refuge also runs

<sup>295</sup> Campo. (2015).

<sup>296</sup> Willis, D., Hawkins, J.W., Pearce, C.W., Phalen, J., Keet, M. and Singer, C. (2010). Children who witness violence: What services do they need to heal?. *Issues in Mental Health Nursing*. 31(9): 552.

<sup>297</sup> Wong, M., Rosemond, M.E., Stein, B.D., Langley, A.K., Kataoka, S.H.

and Nadeem, E. (2007). School-based intervention for adolescents exposed to violence. *The Prevention Researcher*. 14(1): 1; Stein, B.D., Jaycoz, L.H., Kataoka, S.H., Wong, M., Tu, M., Elliott, M.N. and Fink, A. (2003). A mental health intervention for school children exposed to violence. *Journal of the American Medical Association*. 290(5): 603.

women's groups for mothers, which aim to increase mothers' parenting capacities and help them develop their abilities to support their children.<sup>298</sup>

Culturally appropriate response programs are also crucial to service delivery in the school setting. The *Way of the Warrior* (for boys) and *Way of the Washu* (for girls) are trauma-informed programs for Koorie children aged 8 to 12 years exposed to family violence, delivered through various external services in Victoria. The programs are culturally-appropriate and targets the at-risk population of Koorie children who have been exposed to trauma and family violence

and other forms of maltreatment. These programs work to develop children's coping strategies and anger management, as well as improve their self-confidence through martial arts other activities. The internal evaluation found that child participants, parents and support workers noticed improvements in children's confidence and behaviour at school. The program is believed to give children a chance to express themselves, gain life skills and develop connections with their cultural community (particularly for children who had spent time away from Koorie culture in foster care or state care).<sup>299</sup>

### 5.5.2 ONLINE RESOURCES FOR RESPONSE IN SCHOOL SETTINGS

Websites can be a non-threatening first stop for those who have experienced or been exposed to family violence, especially for youth. The anonymous and accessible nature of these services can help overcome barriers to service delivery that occur due to fear and concerns about confidentiality. By their nature websites are integrated as they act as a referral and information source and are also relatively cost-effective and easy to incorporate into a school's set of resources.<sup>300</sup> They can also be important for rural, regional and remote communities where other resources and services may be limited.

Rigorous evaluations of online resources for response are limited. The Kindertelefoon is an anonymous Dutch helpline for children under 18 to discuss a range of concerns, but most commonly sex, relationships, bullying at school and their home life. Children can also chat to a trained volunteer online through the website, with conversations lasting up to 30 minutes. A comparative study of

the effect of contacting the organisation by phone or the confidential one-on-one online chat service found that children who contacted Kindertelefoon by both methods experienced a higher sense of well-being and a reduced severity of their problems. The follow-up survey found that the effect of contacting Kindertelefoon lasts for at least one month after the contact, although the effect decreases slightly after that.<sup>301</sup> Australia similarly offers the Kids Helpline, an anonymous online and telephone resource for children ages 5 to 12 and teens and young adults ages 13 to 25. Kids Helpline is a free 24 hour counselling service available for children and youth to discuss a wide range of issues including but not limited to relationships, home life, body image, school, cyberbullying and mental health. While there is no external evaluation reporting on the efficacy of the Kids Helpline, the organisation publishes annual reports on its delivered services as well as key issues affecting young people who contact the service.<sup>302</sup>

and Cabinet, NSW State Government.

<sup>301</sup> Fukkink, R.G. and Hermanns, J.M. (2007). *Children's experiences with the Kindertelefoon: telephone support compared to chat support*. SCO-Kohnstamm Instituut.

<sup>302</sup> Yourtown. (2016). *Kids Helpline Insights 2015: National Statistical Overview*. Brisbane: Yourtown.

<sup>298</sup> Campo et al. (2014).

<sup>299</sup> Campo et al. (2014).

<sup>300</sup> Loxton, D., Hosking, S., Stewartwilliams, J., Brookes, J. and Byles, J. (2008). *Selected domestic and family violence prevention programs: An Evidence Check rapid review brokered by the Sax Institute for the Violence Prevention Coordination Unit*. Sydney: Department of Premier

The *What's Ok at Home* website was developed by the Domestic Violence Resource Centre Victoria (DVRCV) to offer information and support for children and youth aged 10 to 17 who are living with family violence. The site was re-developed in 2017 from the DVRCV's award-winning *Bursting the Bubble* website. The 2005 evaluation

of *Bursting the Bubble* indicated that the site had successfully motivated teenagers to seek help, helped young people identify family violence, and conveyed information about coping strategies. Adults, counsellors and teachers also reported finding the website helpful.<sup>303</sup>

### KEY FINDINGS

Websites can be a non-threatening first stop for those who have experienced or been exposed to family violence, especially for youth. They can also be an important resource for rural, regional and remote communities where other resources and services may be limited.

## 5.6 TRAINING AND CAPABILITY BUILDING FOR TEACHERS AND SCHOOL STAFF TO ADDRESS FAMILY VIOLENCE

While it is not the role of teachers to be experts or specialists in family violence, it is important that they are appropriately knowledgeable to identify and respond to cases of children experiencing family violence. Educators cannot be expected to take on the full responsibility of tackling family violence on their own, but must be supported by school management and the integrated service system. While evaluations of existing training programs for teachers and school staff around family violence are limited, existing evidence suggests that taking an integrated whole-of-school approach is key for building workforce capacity.

Capacity and capability building of teachers and educational staff is crucial for responding to family violence in the school setting. One study found that where teachers and educational psychologists are offered specific training in child protection, together with online support, guidance and consultation, identification improves and appropriate referrals increase.<sup>304</sup> Training in this area may be particularly effective if it addresses professional's fears and doubts about what would be best for the child, and their lack of confidence and knowledge about their role in identification, intervention and response.

<sup>303</sup> Loxton et al. (2008).

<sup>304</sup> Angeles Cerezo, M. and Pons-Salvador, G. (2004). Improving child maltreatment detection systems: A large-scale case study involving

health, social services, and school professionals. *Child Abuse and Neglect*. 28(11): 1153.



## KEY FINDINGS

Capacity and capability building of teachers and educational staff is crucial to addressing family violence in school settings. The available evidence indicates that with proper training, teachers can have an increased capacity to confidently and safely identify and respond to incidences of family violence.

The evaluation of the *Children at Risk* program in a USA school district found significant change in the knowledge, skills and attitudes of the teachers and other professionals who completed the training. In-depth educator training was provided to counsellors, teachers, school nurses, administrators, and school-based law enforcement personnel, who then trained their own staff. The training package included topics such as: bullying, gang violence, sexual assault, sexual abuse, family violence, dating violence, living with addicted parents, neglect and abuse. Teachers and educational staff were trained to recognise the warning signs of exposure to violence, abuse and neglect, and safe and effective ways to respond. Directly following the launch of the program, there was an immediate and yearly increase in the number of inquiries and referrals regarding child abuse and family violence within the district.<sup>305</sup>

The *Helping Child Victims of Domestic Violence: Implications for School Personnel* training program was delivered in 18 different locations in four counties in rural Western New York. The training was developed and designed to be presented to variety of individuals that work in schools, including administrators, teachers, teacher aides, bus drivers and cafeteria staff. The training included an overview of what family violence is, the cycle of abuse, and perpetrator patterns of behaviour. The training also explained

the common emotional, behavioural and physical reactions of children who have experienced family violence, and how they could manifest in a school setting, as well as the developmental impact of family violence on children. Teachers and educational staff were trained how best to respond to disclosures of family violence, develop safety plans for victims, follow processes when a family is in a shelter, and handle orders of protection. An evaluation of this program found that it is an effective tool for use in applied school settings. Overall, teachers and educational staff were provided with the necessary skills for identifying signs of family violence, understanding the dynamics of family violence, and strategies for addressing disclosure and cases of family violence. The evaluation further highlighted the need for schools to examine their family violence safety policies procedures.<sup>306</sup>

Outside of the family violence sector, a five-year study in Spain aimed at improving detection of child maltreatment provided school professionals from all the schools in the territory with training on early identification and response measures. Teachers and educational staff have more frequent and intense contact with children, on an almost daily basis, and so for this reason, schools play an important role in child maltreatment detection. Teachers and education staff were provided with training and online support to increase their knowledge around child maltreatment and their capacity to respond to cases of

abuse. The specific intervention addressed their concerns about how to respond appropriately and responsibly to reports or suspicions of maltreatment, and increased their knowledge and confidence in detection and response. The results of this training

determined an increase in the number of detected cases by teachers and educational staff in schools. Furthermore, the number of cases reported to child protection services also increased.<sup>307</sup>

<sup>305</sup> Walker, S. and Smith Jr., D. (2009). "Children at risk": development, implementation, and effectiveness of a school-based violence intervention and prevention program. *Journal of Prevention and Intervention in the Community*. 37(4): 316.

<sup>306</sup> Young, H., Mancuso, A.F., Faherty, E., Dorman, S.A. and Umbrell, J.R. (2008) Helping child victims of family violence through school personnel: an evaluation of a training program. *Journal of Aggression, Maltreatment and Trauma*. 16(2):144.

<sup>307</sup> Cerezo and Pons-Salvador. (2004).



## 6 EVIDENCE ON BEST AND EMERGING PRACTICES FOR ADDRESSING FAMILY VIOLENCE WITHIN THE EDUCATION SECTOR

This section provides an overview of the existing evidence on best and emerging practices for addressing family violence within the education sector. Best practice includes those approaches for which the evidence base is well-established, and that should inform all work undertaken in this

area. Emerging practice includes those approaches for which the evidence on the model's effectiveness is promising, however further research and uptake is required to become established as best practice across the family violence sector.

### 6.1 BEST PRACTICE

#### 6.1.1 INTEGRATED SERVICE DELIVERY

Broadly, an integrated service delivery approach refers to the collaborative and coordinated efforts of multi-disciplinary service providers working together to provide timely and comprehensive supports for vulnerable children and families. This is the basis of the new Safety and Support Hubs currently under development in Victoria.<sup>308</sup> While there are still questions about the most effective way to implement such an approach<sup>309</sup>, there are several elements that are consistently recognised as important to effective implementation. Governance structures are often raised as being integral for the implementation and sustainability of an integrated system<sup>310</sup>, however a study on integrated service provision<sup>311</sup> found that the professional and managerial culture, and staff time and resources that could be dedicated to fostering effective working relationships between agencies, outweighed the need for structure.<sup>312</sup> The research concluded that formal reporting and information sharing protocol, informal meetings, multi-disciplinary teams, co-location of services,

joint training and interagency strategic bodies complement these features in creating an effective integrated system.<sup>313</sup> Accounting for differences in philosophical and organisational responses to the issue is also important<sup>314</sup> and arguably underpins effective working relationships between service providers. Importantly, services included across the integrated system need to address the key developmental domains of children and the socio-cultural environment. Services include (but are not limited to) maternal and child health practitioners, child welfare and protective services,<sup>315</sup> child care and education, mental health services, drug and alcohol and employment services.<sup>316</sup>

Finally, while there are debates regarding the most effective focus of intervention (i.e. either the family or on the rights of the child),<sup>317</sup> the study found that interventions that target the family as a whole were important; not least because this introduced a wider-range of services into the system. They found shortages of services that

<sup>308</sup> Victorian State Government. (2017). *Support and Safety Hubs: Statewide concept, July 2017*. Melbourne: Victorian State Government.

<sup>309</sup> Ross et al. (2011).

<sup>310</sup> Murphy, C., Paton, N., Gulliver, P. and Fanslow, J. (2013). Policy and practice implications: child maltreatment, intimate partner violence and parenting. (Issues Paper No. 4). Auckland: New Zealand Family Violence Clearinghouse; Healey, L. and Humphreys, C. (2013). Governance and interagency responses: Improving practice for regional governance. A continuum matrix, (Topic Paper 21). Sydney: Australian Domestic & Family Violence Clearinghouse.

<sup>311</sup> The study involved child welfare and child protection practitioners from across 12 countries (including Australia) to respond to vignettes on a child welfare case. Practitioners were asked how they think the case would be dealt with in their system. The responses from practitioners was complemented by available government documents regarding response processes and structures, published data on child

welfare and protection issues and interviews with key stakeholders.

<sup>312</sup> Kat, I. and Hetherington, R. (2006). Co-operating and communicating: a European perspective on integrating services for children. *Child Abuse Review*. 15(6): 429.

<sup>313</sup> Ibid; see also Palinkas LA, Holloway IW, Rice E, Fuentes D, Wu Q and Chamberlain P. (2011). Social networks and implementation of evidence-based practices in public youth-serving systems: A mixed-methods study. *Implementation Science*. 6(1): 1.

<sup>314</sup> Ross, S., Frere, M., Healey, L. and Humphreys, C. (2011). A whole of government strategy for family violence reform. *Australian Journal of Public Administration*. 70(2): 131.

<sup>315</sup> KPMG. (2014).

<sup>316</sup> Kat and Hetherington. (2006).

<sup>317</sup> Atwool, N. (2003). If It's Such a Good Idea, How Come It Doesn't Work?: The Theory and Practice of Integrated Service Delivery. *Children's Issues: Journal of the Children's Issues Centre*. 7(2): 31.

meant they were insufficient to meet the needs of children and families where the likelihood of maltreatment is high, including services for parental substance misuse; work on parenting; services to address young people's offending behaviour and their drug and alcohol problems; psychotherapeutic support for children and young people; and help with children's education.

A large-scale review of safeguarding programs and practices, the Safeguarding Children Research Initiative (SCRI) found that, overall, while inter-agency working in the UK is relatively strong in the provision of services, this does not mean they are always sufficient or meet all the families' needs, or that families take up the services offered.<sup>318</sup> There is also some evidence that referrals do not result in consistent care due to poor communication and gaps in referral pathways, limiting the effectiveness of inter-agency support. The study recommended that staff working in relevant agencies

### 6.1.2 WHOLE-OF-SCHOOL APPROACH

School-based programs have been shown to be effective in improving children's knowledge and protective behaviours regarding different forms of abuse and violence.<sup>320</sup> While much of the evidence-based regarding the effectiveness of these programs is drawn from research in North America,<sup>321</sup> there is international evidence that highlights the benefits of a whole-of-school approach.<sup>322</sup> Based on an ecological model – whereby what is learnt in the classroom is then reinforced in other aspects of children's lives – whole-of-school approaches are holistic in that they engage students, parents, teachers and other

should be required to demonstrate that their practice in inter-agency working is current by completing appropriate, specialised training courses, to better facilitate the integrated service delivery. Further training beyond child protection is required, including working with disabled children, and identifying and responding to family violence.

There is currently little to no discussion in the literature around the roles of early childcare settings and schools for delivering family violence-related interventions beyond emphasising the importance of integrating education settings with the wider system. Recently with the introduction of RRE, Victoria has begun to solidify the role of schools around early identification and primary prevention of family violence.<sup>319</sup> This gap in the literature highlights the further need to clarify education settings' roles and responsibilities in an integrated system responding to family violence.

staff, as well as the wider community, to reinforce change across multiple levels and platforms.<sup>323</sup> While independent evaluations on family violence focused whole-of-school approaches are largely not available, a randomised controlled trial of an anti-bullying program delivered to all students by teachers found that the program moderated peer-reported victimisation, self-reported aggression and aggressive bystanding behaviours compared to control schools.<sup>324</sup> There are also promising findings from broader violence preventions programs in low-middle income countries, that draw attention to the importance of teaching

training and awareness raising about the root causes of family violence, such a gender-based violence.<sup>325</sup> Recently, some successful programs in Australia have moved towards taking whole-of school approaches in their delivery including RRE, LoveBites, Promoting Healthy Minds for Learning and Living and Safe Schools.<sup>326</sup> However, targeted programs for at-risk groups or individuals

### 6.1.3 CULTURALLY SENSITIVE

Culturally sensitive and appropriate approaches recognise that experiences of trauma and the needs of survivors are informed by specific socio-cultural contexts. It is important to recognise the cultural and linguistic diversity of children and families, and of designing interventions to suit the needs of diverse families.<sup>328</sup> This is particularly important when working with Koorie children and families and should be pursued through a community-led and strengths-based approach to early intervention and response. The body of evidence around cultural appropriateness and adaption of family violence programming consistently reiterates the importance of accounting for specific cultural attitudes, behaviours and practices of a population. While evidence supporting effectiveness of culturally adapted family violence programs is limited, there are several promising practices that offer guidance in this space. For example, a promising clinical treatment program based on a cultural adaptation trauma-focused cognitive behaviour therapy to address child physical and sexual abuse integrated a suite of indigenous and

are still required as part of secondary prevention strategies and need to be aligned with Respectful Relations programs.<sup>327</sup> In Victoria, a whole-of-school approach will require effective alignment of the roll-out of Respectful Relationships Education with other early identification, early intervention and response initiatives.

traditional healing practices. The *Honouring Children, Mending the Circle* treatment adopted family preservation approaches using genograms, wrap-arounds, talking circles, kinship care, healing ceremonies and kept adoption practices within Native families. It also engaged and tribal elders through the use of storytelling, sweat-lodges and the use of Native languages.<sup>329</sup> While there is little robust evaluation evidence to support the benefits of cultural adaptation, it is still recognised as good practice.

In light of that, it is important that the cultural adaptation accounts for the sociocultural differences between the original target intervention population, and the new one.<sup>330</sup> This is particularly important in light of trends in transferring or adapting violence prevention programs from one country to another. For example, a study on the implementation of the *Coaching Boys into Men* program from the USA in India found that that facilitators needed significant additional training to understand the key concepts and issues associated with violence.<sup>331</sup> Similarly, the

<sup>318</sup> Davies and Ward. (2012).

<sup>319</sup> Department of Education and Early Childhood Development and Department of Human Services. (2010). *Protecting the safety and wellbeing of children and young people*. State of Victoria.

<sup>320</sup> Macmillan, H., Wathen, C., Barlow, J., Fergusson, D.M., Leventhal, J.M. and Taussig, H.N. (2009). Interventions to prevent child maltreatment and associated impairment. *Lancet (London, England)*. 373(9659): 250; Stanley, N., Ellis, J., Farrelly, N., Hollinghurst, S. and Downe, S. (2015). Preventing domestic abuse for children and young people: A review of school-based interventions. *Children and Youth Services Review*. 59: 120.

<sup>321</sup> Stanley et al. (2015).

<sup>322</sup> Fulu and Kerr-Wilson. (2015); Our Watch. (2016).

<sup>323</sup> Maxwell C., Chase E., Warwick I., Aggleton P. and Wharf, H. (2010) 'Freedom to achieve. Preventing violence, promoting equality: a whole-school approach'. *Womankind Worldwide*; London

<sup>324</sup> Fonagy, P., Twemlow, S.W., Vernberg, E.M., Nelson, J.M., Dill, E.J., Little, T.D. and Sargent, J.A. (2009). A cluster randomized controlled trial of child-focused psychiatric consultation and a school systems-focused intervention to reduce aggression. *Journal of Child Psychology and Psychiatry and Allied Disciplines*. 50(5):607.

<sup>325</sup> Devries, K., Knight, L., Child, J., Mirembe, A., Nakuti, J., Jones, R., Sturgess, J., Allen, E., Kyegombe, N., Parkes, J., Walakira, E., Elbourne, D., Watts, C. and Naker, D. (2015). The Good Schools Toolkit for Reducing Physical Violence from School Staff to Primary School Students : A Cluster Randomised Control Trial in Uganda. *The Lancet Global Health*. 385e: 378. [http://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X\(15\)00060-1.pdf](http://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X(15)00060-1.pdf).

<sup>326</sup> Flood, M.G. and Kendrick, V. (2012), 'LOVEBites: An evaluation of the LOVEBites and respectful relationships programs in a Sydney school', University of Wollongong, Wollongong; Victorian Government. *Promoting Healthy Minds for Living and Learning: An initiative of the Victorian Mental Health Reform Strategy 2009-2019*. Victorian Government: Student Learning and Support Services Taskforce. *National Safe Schools Framework*.

<sup>327</sup> Brocque, R.L., Kapelle, N., Meyer, S. and Haynes, M. (2014), 'Respectful Relationships Evaluation', Department of Social Services

(DSS).

<sup>328</sup> Barrera, M., Castro, F.G. and Steiker, L.K. (2011). A critical analysis of approaches to the development of preventive interventions for subcultural groups. *American Journal of Community Psychology*. 48(3-4):439; Lau, A. (2006). Making the case for selective and directed cultural adaptations of evidence-based treatments: Examples from parent training. *Clinical Psychology: Science and Practice*. 13(4):295.

<sup>329</sup> Bigfoot, D.S. and Funderburk, B.W. (2011). Honoring children, making relatives: The cultural translation of parent-child interaction therapy for American Indian and Alaska native families. *Journal of Psychoactive Drugs*. 43(4): 309.

<sup>330</sup> Lau. (2006).

<sup>331</sup> Miller, E., Das, M., Tancredi, D., McCauley, H.L., Virata, M.C., Nettiksimmons, J., O'Connor, B., Ghosh, S. and Verma, R. (2014). Evaluation of a gender-based violence prevention program for student athletes in Mumbai, India. *Journal of Interpersonal Violence*, 29(4):758.

adoption of the *Safe Dates* program in Switzerland encountered challenges in implementation as a result of the language and terminology used around abuse.<sup>332</sup> To address these challenges, Lau indicates that there needs to be an evidence-based approach to the adaptation that include

6.1.4 APPLYING A GENDERED LENS

It is well established that a gendered approach should be taken when analysing and addressing forms of family violence such as violence against women.<sup>334</sup> A gendered approach to interventions recognises that women are much more likely than men to be victims of family violence, that power and control drive family violence and that violent behaviours are embedded in a complex web of individual, social, cultural and economic factors.<sup>335</sup> Therefore programs that seek to address the role that gender plays in family violence must account for these factors, and the broader gendered power dimensions that underpin family violence.<sup>336</sup> School based interventions have been shown to address problematic gender-based norms and attitudes in young people, intervening at a crucial age.<sup>337</sup>

A review of 58 gender-based violence programs found that men and boys can and do change problematic attitudes and behaviours associated with sexual behaviours, interactions and relationships

both surface-structure factors (such as language translation, or facilitators from the same cultural background), and much deeper structural changes to the program that are designed to target underlying values and beliefs.<sup>333</sup>

with partners and children, and broader notions of violence against women.<sup>338</sup> Examples of programs that have been found effective in shifting attitudes towards problematic gender stereotypes are the *Safe Dates* program and the *Coaching Boys into Men* (CBIM). The USA-based *Safe Dates* Program is for middle and high school students and seeks to address violence-supportive norms, enhance healthy relationship skills, and increase protective behaviours (among other aims). It was found to be effective in doing so, in part because of changes in attitudes to gender and dating violence norms.<sup>339</sup> The CBIM program has been delivered with promising outcomes in both the USA<sup>340</sup> and India.<sup>341</sup> The program engages coaches of sports team as models of positive bystander behaviours, which has been argued to support the shift in negative social norms around violence.<sup>342</sup> An evaluation of the CBIM program in India found ‘promising changes in gender attitudes and behaviours’ among young male cricketers.<sup>343</sup>

Foshee, V.A., Bauman, K.E., Arriaga, X.B., Helms, R.W., Koch, G.G. and Linder, G.F. (1998). An evaluation of Safe Dates, an adolescent dating violence prevention program. *American Journal of Public Health*. 88(1): 45; Foshee, V.A., Bauman, K.E., Greene, W.F., Koch, G.G., Linder, G.F. and MacDougall, J.E. (2000). The Safe Dates program: 1-year follow-up results. *American Journal of Public Health*. 90(10): 1619; Foshee, V.A., Bauman, K.E., Ennett, S.T., Linder, G.F., Benefield, T. and Suchindran, C. (2004). Assessing the long-term effects of the Safe Dates program and a booster in preventing and reducing adolescent dating violence victimization and perpetration. *American Journal of Public Health*. 94(4): 619.

<sup>340</sup> Miller, E., Tancredi, D., McCauley, H., Decker, M., Virata, M., Anderson, H., Stetkevich, N., Brown, E., Moideen, F. and Silverman, J. (2012). “Coaching boys into men”: A cluster-randomized controlled trial of a dating violence prevention program. *Journal of Adolescent Health*. 51: 431; Miller, E., Tancredi, D., McCauley, H., Decker, M., Virata, M., Anderson, H., O’Connor, B. and Silverman, J. (2013). One-year follow-up of a coach delivered dating violence prevention program: A cluster randomized controlled trial. *American Journal of Preventive Medicine*. 45: 108.

<sup>341</sup> Miller et al. (2014).

<sup>342</sup> Ibid.

<sup>343</sup> Ibid.

6.2 EMERGING PRACTICE

6.2.1 CHILD-, YOUTH- AND FAMILY-CENTRED

While reviews of family-centred violence interventions highlighted inconsistent findings in relation to their effectiveness, the evidence suggested that interventions that include direct experiences for children as opposed to just the parents had better outcomes for children.<sup>344</sup> Taking a child- or youth-centred approach means putting the child or young person at the centre of the response or intervention, and allowing their needs for support inform the therapeutic response.<sup>345</sup> These approaches stress the importance of the child’s views being heard, and their direct engagement in the process. Child-centred approaches emphasise family-sensitive, child-inclusive, strengths-based, collaborative and culturally appropriate approaches to delivering family and social support services.<sup>346</sup>

Research that directly evaluates child-centred interventions or programs is limited, not least because there are only a small number programs that target children up to 8 years of age in the context of family violence. While evidence from evaluations is limited, a Delphi study found that there was a broad consensus among professionals that work with abused children that the most important features of any treatment were the child-centred approach and factors relating to the therapist, as opposed to the model of therapy.<sup>347</sup> The focus on being

child-centred was also evidenced in a review of creative therapies as an alternative to clinical healing and restoration. Creative therapies that include play, dance or music have been used in low- and middle-income countries such as Cambodia and in high-income countries, with meta-analysis showing that there are positive impacts across modalities, settings, age and gender.<sup>348</sup>

The importance of developing early intervention programs around the family is well documented in the literature and is based on the understanding that children and youth develop and learn in the context of their families.<sup>349</sup> There are several approaches that place the family unit at the centre of the intervention, with strong evidence supporting the effectiveness in preventing child abuse and maltreatment.<sup>350</sup> Again, strong evaluations are limited, however the World Health Organization (WHO) has identified home visitation programs, parent training programs that foster positive reinforcement, non-violent disciplinary techniques, problem solving and behaviour management skills, cognitive behaviour skills for children and social development programs as promising in reducing aggressive behaviours that often support a trajectory of violence in their adult lives.<sup>351</sup>

<sup>344</sup> McMroskey, J. and Meezan, W. (1998). Family-Centered Services: Approaches and Effectiveness. *Protecting Children from Abuse and Neglect*, 8(1): 54. [https://www.princeton.edu/futureofchildren/publications/docs/08\\_01\\_03.pdf](https://www.princeton.edu/futureofchildren/publications/docs/08_01_03.pdf).

<sup>345</sup> Bunston et al. (2016).

<sup>346</sup> Campo. (2015).

<sup>347</sup> Taket, A. and Barter-Godfrey, S. (2010). *Domestic and Sexual Violence and Abuse: Findings from a Delphi expert consultation on therapeutic and treatment interventions with victims, survivors and abusers, children, adolescents, and adults*. Melbourne: Deakin University.

<sup>348</sup> Schrader, E.M. and Wendland, J.M. (2012). Music therapy programming at an after-care center in Cambodia for survivors of child sexual exploitation and rape and their caregivers. *Social Work and Christianity*. 39(4): 390; Brillantes-Evangelista, G. (2013). An evaluation of visual arts and poetry as therapeutic interventions with abused adolescents. *The Arts in Psychotherapy*. 40: 71-84; Bratton,

S., Ray, D., Rhine, T. and Jones, L. (2005). The efficacy of play therapy with children: A meta-analytic review of treatment outcomes. *Professional Psychology: Research and Practice*, 36 (4): 367.

<sup>349</sup> KPMG. (2014); Guttman. et al. (2006). Early violence prevention programs: implications for violence prevention against girls and women. *Annals of the New York Academy of Sciences*, 1087: 90.

<sup>350</sup> Olds, D. L., Henderson, C. R., Jr., Kitzman, H. J., Eckenrode, J. J., Cole, R. E. and Tatelbaum, R. C. (1999). Prenatal and infancy home visitation by nurses: recent findings. *Future of Children*. 9(1): 44; Oleg, B., Hahn, R.A., Crosby, A.E. and Briss, P.A. (2005). The effectiveness of early childhood home visitation in preventing violence. *American Journal of Preventive Medicine*. 28:11; Farrington, D. P. (2006). Childhood risk factors and risk focused prevention. In M. Maguire, R. Morgan & R. Reiner (Eds.) *The Oxford Handbook of Criminology* (4th ed.) Oxford: Oxford University Press.

<sup>351</sup> Farrington. (2006).



6.2.2 TRAUMA-INFORMED

Trauma-informed care or practice is an approach that is sensitive to, acknowledges and understands trauma-related issues including impacts and potential paths for recovery. Trauma-informed practice does not necessarily mean that the intervention or program being delivered specifically targets or aims to reduce trauma as a key objective.<sup>352</sup> To be clear, trauma-informed care or practice is separate from interventions targeting trauma, such as trauma-focused cognitive behavioural therapy.<sup>353</sup> Rather, this approach ensures that organisational structures and daily practices in delivery are sensitive to the trauma recovery processes and that the possibility of traumatisation is reduced. Trauma-informed approaches vary, but must account for the history of the of past and current abuse experiences and provide therapeutic treatment for the negative impacts of such abuse.<sup>354</sup>

There is also some cautionary research relating to this emerging practice. A review of trauma-informed care in child and family welfare services by the Australian Institute of Family studies found that there are a limited number of trauma-specific interventions for family violence

that have been evaluated using a rigorous research design and that have been shown to be effective, often working with individuals who have experienced a single traumatic incident rather than complex trauma.<sup>355</sup> The review identified a lack of an overarching framework for trauma-informed care in Australia, resulting in varying models and practices and a failure to implement consistent systems of care across child and family services. Challenges to implementation include a lack of clear and shared definitions and practices for trauma-informed care, translating theory into practice within specific services, coordinating care, a lack of guidance for facilitating system change across services, and a lack of evaluation models for trauma-informed care. The review called for further research to better understand the dynamics of this practice with different population groups, including children and adolescents, and across individuals from culturally and linguistically diverse backgrounds. Given trauma is experienced within different socio-cultural frames by different communities,<sup>356</sup> it is vital to ensure trauma-informed care programs adopt culturally sensitive and relevant approaches.

with two Government schools, one primary and prep through twelfth year. The model aims to expand the current methods of teaching and learning by integrating clinical, education and welfare approaches into their practice. Rather than taking the traditional approach, BSEM seeks to take a healing approach by adopting a 'strengths perspective'. While the evaluation was of limited scope, involving only two schools

with no quantitative data, feedback from school leadership at both school settings affirmed the pilot's positive impact on student wellbeing, achievement, behaviour and engagement.<sup>358</sup> Qualitative data from teacher, student and school leadership perspectives noted the positive affects the program had on student behaviour, the development of relationships, self-awareness and school engagement.

KEY FINDINGS

Currently an overarching framework for trauma-informed care in Australia is lacking.

The **Berry Street Education Model** (BSEM) is a trauma-informed positive education initiative designed to inform teacher

practice and student learning at Berry Street's three specialist campuses.<sup>357</sup> The pilot was rolled out in 2015 in partnership

<sup>352</sup> Bateman, J., Henderson, C. and Kezelman, C. (2013). *Trauma-Informed Care and Practice: Towards a cultural shift in policy reform across mental health and human services in Australia, A National Strategic Direction*. Position Paper and Recommendations of the National Trauma-Informed Care and Practice Advisory Working Group. Mental Health Coordinating Council (MHCC) and Adults Surviving Child Abuse (ASCA).

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<sup>354</sup> Harris, M. and Fallot, R. (2001). Envisioning a trauma-informed service system: A vital paradigm shift. *New Directions for Mental Health Services*. 89: 3.

<sup>355</sup> Higgins, D. and Hunter, C. (2016). Trauma-informed care in child/ family welfare services. *CFCA Paper No. 37*. Sydney: Child Family Community Australia, AIFS.

<sup>356</sup> Arvidson et al. (2011).

<sup>357</sup> Stokes, H. and Turnbull, M. (2016). *Evaluation of the Berry Street Education Model: Trauma informed positive education enacted in mainstream schools*. Melbourne: University of Melbourne.

<sup>358</sup> Ibid.

## 7 CONCLUSIONS AND RECOMMENDATIONS

Schools and early childcare settings are key locations for programming on family violence given their contact with children, young people and their families across the first two decades of children's lives. However, family violence programming in this setting is an emerging field. To ensure safe and ethical implementation, such programming must be evidence-based. This literature review has confirmed that there are substantial gaps in the evidence base on family violence and the education sector including impacts on educational outcomes and evidence of what works to address family violence. While there is considerable global research on child abuse, there is less systematic data on prevalence of broader forms of family violence, particularly in relation to specific communities within Australia, including Koorie children, children from CALD backgrounds, and children with disabilities. This means that while we do know that family violence among children and young people is a serious and prevalent issue, we do not yet completely understand the magnitude of the issue. Moreover, there is an overwhelming lack of research or evidence on the effectiveness of family violence early identification, early intervention and response programming within the education sector. Where evaluations of programming are available, there is often a lack of rigorous, large scale and long-term research, which further contributes to the limited evidence base.

While it is beyond early childcare settings and schools' remit to deliver response services to children and youth impacted by family violence, they are well-positioned to create links with universal and specialist family violence services. At present integration of education settings with the

wider system of family violence services is underdeveloped, as are referral pathways for responding to cases of family violence in education settings. While the main role of early childcare services and schools in responding to family violence is currently limited to mandatory reporting, it is important for this role to be expanded to include the development of effective response systems, referral pathways and partnerships with appropriate, specialist family violence services.

Building the capability of educators to identify, understand and appropriately respond to family violence remains a significant barrier in addressing family violence in education settings. Currently, there is limited information on training and capability building programs that have been undertaken for educators around family violence. Where information on programming is available, there are few evaluations. Despite the limited evaluation of training and capability building programs, the available evidence indicates that with proper training, teachers can have an increased capability to confidently and safely identify and respond to incidences of family violence. While educators cannot be expected to be family violence specialists, it is important that their capability is built to ensure an understanding of the nature and dynamics of family violence, the varied impacts of family violence on children and youth, and the response and referral systems in place in their education setting.

Based on the findings of the literature review, this section presents three priority areas for the education sector to better address and respond to family violence.

## 7.1 RECOMMENDATIONS AND KEY OPPORTUNITIES FOR THE DEPARTMENT OF EDUCATION AND TRAINING

### 7.1.1 PRIORITISE RESEARCH AND EVALUATION

Effectively addressing family violence requires a solid evidence base which includes the diversity of experience reflected in the Victorian population. Evidence across the Department's remit including early years and education is needed to understand the prevalence, dynamics and impacts of different manifestations of family violence for children, young people and adolescents as covered in Victorian legislation. This evidence base will also assist in determining and implementing effective interventions and responses.

Key opportunities include:

- Improve the collection, coherence, analysis and use of administrative, program and project data within DET to better identify family violence prevalence – including data on the use of family violence in the home and in intimate relationships, impact, interventions and responses, and effect of interventions and responses.
- Include behavioural and educational short term outcomes in research and, where possible, longitudinal studies with

clear feedback into DET system review and improvement processes.

- Promote and share research data and findings across education and family violence systems.
- Ensure the diversity of young people in Victoria is reflected in research, data collection and analysis through incorporation in generalist activities and through initiatives targeted at underrepresented cohorts and those at higher risk of experiencing family violence or encountering barriers to accessing support.
- Ensure that the Department's existing and new programs, projects and interventions wherever relevant include family violence data as part of the monitoring and/or evaluation process.
- Work collaboratively with Victorian Government Departments, services, and research organisations including academia to share and analyse data, monitor and evaluate family violence programs and projects for young people, and assess combined impacts of programs and sectoral collaboration.

### 7.1.2 IMPROVE SYSTEM INTEGRATION AND PARTNERSHIPS

Both preventing, and responding effectively to, family violence require a systemic and joint response. In many instances a multi-agency or service approach will be

required, which includes the Department and specialist children's and family violence services. This should incorporate knowledge sharing and a coherent and sustained

approach to supporting the young person or people.

Key opportunities include:

- Improve integrated knowledge sharing, support and professional development across the DET educational and early years' services and with specialist services for referral and consultation.
- Utilise and promote partnerships between DET educational and early years'

services with specialist services to build shared knowledge and understanding and promote pathways to support for young people, including those at higher risk of experiencing family violence or barriers to accessing support.

- Support partnership building through the development of model protocols and partnership agreement templates for use by schools and early years' services with specialist family services.

### 7.1.3 PROVIDE COMPREHENSIVE SECTOR-WIDE TRAINING, DEVELOPMENT AND CAPABILITY BUILDING OPPORTUNITIES

A workforce which understands family violence issues and impacts for young people and their families, and is competent and confident in identifying, intervening and responding to it is critical to providing effective interventions. The Department's workforce needs a common base level of knowledge and skill, and specific roles need to have and share a more comprehensive and specialist understanding. This work needs to incorporate and build upon the existing skills and resources within the Department and be cognisant of the Whole of Victorian Government family violence reform activities.

Key opportunities include:

- Implement system-wide workplace training, development and resources beyond mandatory reporting, to identify, respond to and support children and young people affected by family violence in early years and education.
- Improve the clarity of roles and responsibilities for school educational staff, leadership and specialist/wellbeing

support roles and develop and implement targeted and specialist training and development opportunities to build and maintain specialist family violence capability and knowledge at school and system level.

- Training and development initiatives should incorporate sensitivity to victim-survivors, as well as cultural sensitivity and understanding of specific issues relating to risks, barriers to support and issues predominantly experienced by diverse cohorts.
- Training and development initiatives should be fit for purpose, monitored, assessed and incorporate an evaluation and improvement cycle.
- Training and development need to be sustainable and ongoing. For example, they need to support ongoing development and capability building across the system and be available for new staff members and those moving into new positions.



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